

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**CORPORATION
ANNUAL REPORT
1995**



FLORIDA DEPARTMENT OF STATE
Sandra B. Morton
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

95 MAY -1 PM 2:50

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P11199 (7)

1. Corporation Name

THE HAAGEN-DAZS COMPANY, INC.

Principal Place of Business

Mailing Address

**THE PILLSBURY COMPANY - TAX DEPARTMENT
THE PILLSBURY CENTER
MINNEAPOLIS MN 55402**

**THE PILLSBURY COMPANY - TAX DEPARTMENT
THE PILLSBURY CENTER
MINNEAPOLIS MN 55402**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

08/21/1986

3a. Date of Last Report

04/18/1994

4. FEI Number

22-2472987

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes

Yes No

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **PD**
NAME **PAXTON, MICHAEL J.**
STREET ADDRESS **200 SOUTH 6T STREET**
CITY - ST - ZIP **MINNEAPOLIS MN**

11 TITLE
12 NAME
13 STREET ADDRESS
14 CITY - ST - ZIP

Change Addition

TITLE **VS**
NAME **RUSSETH, RICHARD Q.**
STREET ADDRESS **200 SOUTH 6TH STREET**
CITY - ST - ZIP **MINNEAPOLIS MN**

21 TITLE
22 NAME
23 STREET ADDRESS
24 CITY - ST - ZIP

Change Addition

TITLE **TV**
NAME **HUMPHREY, JAMES H.**
STREET ADDRESS **GLENPOINTE CENTER EAST**
CITY - ST - ZIP **TEANECK NJ**

31 TITLE
32 NAME
33 STREET ADDRESS
34 CITY - ST - ZIP

VT
Nowell, Lionel L.
Glenpointe Center East
Teaneck, NJ 07666

Change Addition

TITLE **D**
NAME **MARTIN, IAN A.**
STREET ADDRESS **200 SOUTH 6TH STREET**
CITY - ST - ZIP **MINNEAPOLIS MN**

41 TITLE
42 NAME
43 STREET ADDRESS
44 CITY - ST - ZIP

D
Walsh, Paul S.
200 South 6TH Street
Minneapolis, MN 55402

Change Addition

TITLE **AST**
NAME **JOHNSON, LESLIE R.**
STREET ADDRESS **200 S. 6TH STREET**
CITY - ST - ZIP **MINNEAPOLIS MN**

51 TITLE
52 NAME
53 STREET ADDRESS
54 CITY - ST - ZIP

Change Addition

TITLE **V**
NAME **MCGRATH, ANTHONY G.**
STREET ADDRESS **GLENPOINTE CENTER EAST**
CITY - ST - ZIP **TEANECK NJ**

61 TITLE
62 NAME
63 STREET ADDRESS
64 CITY - ST - ZIP

V
Marino, Donna
Glenpointe Center East
Teaneck, NJ 07666

Change Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13, if changed, or on an attachment with an address.

SIGNATURE:

Leslie R Johnson, Asst. Sect. 4/24/95

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

(Date)

Daytime Phone #