

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

PROFIT CORPORATION  
ANNUAL REPORT  
**1996**



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

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

2. Principal Place of Business

2a. Mailing Address

21 State, Apt. #, etc.

26 State, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24

29

30

9. Name and Address of Current 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

3. Date Incorporated or Qualified  
**08/21/1986**

3a. Date of Last Report  
**05/01/1995**

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

10. Name and Address of New Registered Agent

11. Pursuant to the provisions of Sections 617.01(2) and 617.15(2), 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 617.01(5), Florida Statutes.

SIGNATURE

Signature of the person who is authorized to sign this report

Signature of the person who is authorized to sign this report

Date

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	NOWELL, LIONEL L	
STREET ADDRESS	200 SOUTH 6TH STREET	
CITY-STATE-ZIP	MINNEAPOLIS MN	
TITLE	VS	<input type="checkbox"/> DELETE
NAME	RUSSETH, RICHARD O.	
STREET ADDRESS	200 SOUTH 6TH STREET	
CITY-STATE-ZIP	MINNEAPOLIS MN	
TITLE	TV	<input type="checkbox"/> DELETE
NAME	HUMPHREY, JAMES H.	
STREET ADDRESS	GLENPOINTE CENTER EAST	
CITY-STATE-ZIP	TEANECK NJ	
TITLE	D	<input type="checkbox"/> DELETE
NAME	WALSH, PAUL S	
STREET ADDRESS	200 SOUTH 6TH STREET	
CITY-STATE-ZIP	MINNEAPOLIS MN	
TITLE	AST	<input type="checkbox"/> DELETE
NAME	JOHNSON, LESLIE R.	
STREET ADDRESS	200 S. 6TH STREET	
CITY-STATE-ZIP	MINNEAPOLIS MN	
TITLE	V	<input type="checkbox"/> DELETE
NAME	MARINO, DONNA	
STREET ADDRESS	GLENPOINTE CENTER EAST	
CITY-STATE-ZIP	TEANECK NJ	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY-STATE-ZIP	
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY-STATE-ZIP	
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY-STATE-ZIP	
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY-STATE-ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY-STATE-ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 CITY-STATE-ZIP	

14. I do hereby certify that the information submitted with this report is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report is supplemental annual reports due and payable 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 person or persons empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 of this report, or on an amendment with an address.

SIGNATURE: X

*LES LIE JOHNSON*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
**LES LIE JOHNSON**  
ASST. SEC

3/27/96 617/330-4915  
Date Filed  
Filing Office

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