

A. Ralph Mollis, Secretary of Star Corporations Divisio 148 W. River Stree 148 w. nwer out. Providence, RI 02904-261 401.222.304

DAMA

1. Corporate ID No. 44104	2. Name of Corpo Hickory Far	2. Name of Corporation Hickory Farms, Inc.				
3. Street Address Principal Business Office 1505 Holland Road			City Maumee	State Ohio	<i>Ζίρ</i> 43537	
4. Business Phone No. 5. State of Incorporation Delaware						
5. Brief Description of the Cha Seasonal Retail Food	racter of Business Conduct & Gift Sales	ed in Rhode Island				
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTA President Name Mark S. Rodriguez			ACHMENT)			
Street Address 1505 Holland Road			Street Address 1505 Holland Road			
াণ Maumee	State Ohio	<sup>Zip</sup> 43537	City Maumee	State Ohio	<i>Z</i> ұр <b>43</b> 537	
ecretary Name David I. Rosenthal			Treasurer Name David I. Rosenthal			
Treet Address 1505 Holland Road			Street Address 1505 Holland Road			
City Maumee	State Ohio	<sup>Zip</sup> <b>43537</b>	City Maumee	State Ohio	<sup>Zip</sup> 43537	
B. NAMES AND ADDRE Director Name Mark S. Rodriguez Street Address	SSES OF THE DIREC	CTORS: ("X" BOX FOR ATT	TACHMENT) FILL IN Director Name F. Dixon McElwee, Street Address	Jr.	G ATTACHMENTS	
505 Holland Road			5200 Town Center Circle, Suite 470			
State Zip  aumee Ohio 43537  ector Name avid Finnigan		City Boca Raton Director Name	State Florida	2tp 33486		
Street Address 5200 Town Center Circle, Suite 470			Street Address			
ity Boca Raton	State Florida	<i>Zip</i> 33486	City	State		
. SHARES AUTHORIZE	D			("X" BOX FOR ATTACE CTION <u>MUST</u> BE COMPLETED		
This information is currently of record in the Office of the Secretary of State. Changes require an additional filing. See Section 9 of instruction sheet.			Number of Shares	Class/Series	Par value	
			1,000	Common	001 <sup>-</sup>	
			\$1.00 St. (1)	ong apatabanan keralah		
his report must be executive report must be executive.	uted on behalf of the	corporation by an authorize corporation by the receiver	d representative. If the c	orporation is in the hand	s of a receiver or tru	

including any accompanying schedules and statements, and that all statement **FILED** contained herein are true and correct. Did + Rus File Date \_ FEB 17 2009 Signature Check No. David I. Rosenthal Print or Type Name **CFO** FOR SECRETARY OF STATE USE ONLY Title