

1.) CORPORATION NAME:

Del Monte Corporation

DUE DATE: **11/30/2011**

SCC ID NO: **F1727678**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: **B.E.**

AUTH IN VI

CT CORPORATION SYSTEM

4701 COX RD STE 301

GLEN ALLEN, VA 23060-6802

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	1,000

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

HENRICO COUNTY

4.) STATE OR COUNTRY OF INCORPORATION:

DE

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: ONE MARITIME PLAZA

CITY/ST/ZIP: SAN FRANCISCO, CA 94111-

7.) DIRECTORS AND PRINCIPAL OFFICERS: All directors and principal officers must be listed. An individual may be designated as both a director and an officer.

NAME: ROY GLICKLIN
TITLE: VICE PRESIDENT
ADDRESS: ONE MARITIME PLAZA
CITY/ST/ZIP/CO: SAN FRANCISCO, CA 94111-

OFFICER DIRECTOR

NAME: SIMON E BROWN
TITLE: DIRECTOR
ADDRESS: ONE MARITIME PLAZA
CITY/ST/ZIP/CO: SAN FRANCISCO, CA 94111-

OFFICER DIRECTOR

NAME: NEIL HARRISON
TITLE: DIRECTOR
ADDRESS: ONE MAR
CITY/ST/ZIP/CO: SAN FRANCISCO, CA 94111-

OFFICER DIRECTOR

NAME: DAVID HOOPER
TITLE: DIRECTOR
ADDRESS: ONE MARITIME PLAZA
CITY/ST/ZIP/CO: SAN FRANCISCO, CA 94111-

OFFICER DIRECTOR

NAME: JAMES M KILTS
TITLE: DIRECTOR
ADDRESS: ONE MARITIME PLAZA
CITY/ST/ZIP/CO: SAN FRANCISCO, CA 94111-

OFFICER DIRECTOR

NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	STEPHEN KO DIRECTOR ONE MARITIME PLAZA SAN FRANCISCO, CA 94111-	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
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NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	LAIN LEIGH DIRECTOR ONE MARITIME PLAZA SAN FRANCISCO, CA 94111-	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
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NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	KEVIN A MUNDT DIRECTOR ONE MARITIME PLAZA SAN FRANCISCO, CA 94111-	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
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NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	DEAN B NELSON DIRECTOR ONE MARITIME PLAZA SAN FRANCISCO, CA 94111-	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
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NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	RICHARD L FRENCH TREASURER ONE MARITIME PLAZA SAN FRANCISCO, CA 94111-	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
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NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	JAMES G POTTER SECRETARY ONE MARITIME PLAZA SAN FRANCISCO, CA 94111-	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
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I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.

/s/ ROY GLICKLIN	ROY GLICKLIN, VICE PRESIDENT	9/26/2011
SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	PRINTED NAME AND CORPORATE TITLE	DATE

It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing.