

1.) CORPORATION NAME:

Del Monte Corporation

DUE DATE: **11/30/2012**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**CT CORPORATION SYSTEM
4701 COX RD STE 301
GLEN ALLEN, VA 23060-6802**

SCC ID NO: **F1727678**

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	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TIMOTHY ERNST TITLE: SECRETARY ADDRESS: ONE MARITIME PLAZA CITY/ST/ZIP/CO: SAN FRANCISCO, CA 94111	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: LARRY BODNER TITLE: TREASURER ADDRESS: ONE MARITIME PLAZA CITY/ST/ZIP/CO: SAN FRANCISCO, CA 94111	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: SIMON E BROWN TITLE: DIRECTOR ADDRESS: ONE MARITIME PLAZA CITY/ST/ZIP/CO: SAN FRANCISCO, CA 94111	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: NEIL HARRISON TITLE: DIRECTOR ADDRESS: ONE MAR CITY/ST/ZIP/CO: SAN FRANCISCO, CA 94111	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: DAVID HOOPER TITLE: DIRECTOR ADDRESS: ONE MARITIME PLAZA CITY/ST/ZIP/CO: SAN FRANCISCO, CA 94111	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR

NAME: JAMES M KILTS TITLE: DIRECTOR ADDRESS: ONE MARITIME PLAZA CITY/ST/ZIP/CO: SAN FRANCISCO, CA 94111	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: STEPHEN KO TITLE: DIRECTOR ADDRESS: ONE MARITIME PLAZA CITY/ST/ZIP/CO: SAN FRANCISCO, CA 94111	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: LAIN LEIGH TITLE: DIRECTOR ADDRESS: ONE MARITIME PLAZA CITY/ST/ZIP/CO: SAN FRANCISCO, CA 94111	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: KEVIN A MUNDT TITLE: DIRECTOR ADDRESS: ONE MARITIME PLAZA CITY/ST/ZIP/CO: SAN FRANCISCO, CA 94111	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: DEAN B NELSON TITLE: DIRECTOR ADDRESS: ONE MARITIME PLAZA CITY/ST/ZIP/CO: SAN FRANCISCO, CA 94111	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
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 SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	ROY GLICKLIN, VICE PRESIDENT PRINTED NAME AND CORPORATE TITLE	9/12/2012 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.		