

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

PROFIT CORPORATION  
ANNUAL REPORT  
**1996**



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

**DOCUMENT # 827896 (2)**

1. Corporation Name  
**MONFORT FOOD DISTRIBUTION COMPANY**



Principal Place of Business: **ONE CONAGRA DRIVE CC-360 OMAHA NE 68102-0010**  
Mailing Address: **ONE CONAGRA DRIVE CC-360 OMAHA NE 68102-0010**

2. Principal Place of Business		2a. Mailing Address	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.
22	City & State	27	City & State
23	Zip	28	Country
24	Country	29	Zip
25		30	Country

3. Date Incorporated or Qualified <b>05/02/1972</b>	3a. Date of Last Report <b>05/01/1995</b>
4. FFI Number <b>84-0519874</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
<b>THE PRENTICE-HALL CORPORATION SYSTEM INC. 1201 HAYS STREET SUITE 105 TALLAHASSEE FL 32301</b>				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83			
				84	City	<b>FL</b>	85

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature typed or printed name of registered agent and location of office      Signature typed or printed name of new registered agent      Date

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>P</b>	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MUELLER, DONALD D.</b>	1.2 NAME	<b>Lee O. Lochmann</b>
STREET ADDRESS	<b>1912 27TH AVE.</b>	1.3 STREET ADDRESS	<b>1425 Persimmon Drive</b>
CITY-STATE-ZIP	<b>GREELEY CO</b>	1.4 CITY-STATE-ZIP	<b>St. Charles, IL 60174</b>
TITLE	<b>V</b>	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>JOHN J. DILL</b>	2.2 NAME	
STREET ADDRESS	<b>326 SOUTH 124TH ST.</b>	2.3 STREET ADDRESS	
CITY-STATE-ZIP	<b>OMAHA NE</b>	2.4 CITY-STATE-ZIP	
TITLE	<b>VSTD</b>	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>HUGHES, WILLIAM J.</b>	3.2 NAME	<b>L. B. Thomas</b>
STREET ADDRESS	<b>2624 51ST AVENUE</b>	3.3 STREET ADDRESS	<b>7813 Pierce Street</b>
CITY-STATE-ZIP	<b>GREELEY CO</b>	3.4 CITY-STATE-ZIP	<b>Omaha, NE 68124</b>
TITLE	<b>AS</b>	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BADBERG,SUE</b>	4.2 NAME	
STREET ADDRESS	<b>4629 CAPITOL AVE</b>	4.3 STREET ADDRESS	
CITY-STATE-ZIP	<b>OMAHA NE</b>	4.4 CITY-STATE-ZIP	
TITLE	<b>D</b>	5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>DEMONEY, JOHN R.</b>	5.2 NAME	<b>Michael J. Eckman</b>
STREET ADDRESS	<b>2156 26TH AVE CT.</b>	5.3 STREET ADDRESS	<b>2904 Royal Fox</b>
CITY-STATE-ZIP	<b>GREELEY CO</b>	5.4 CITY-STATE-ZIP	<b>St. Charles, IL</b>
TITLE	<b>D</b>	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>NORTON, P.KAY</b>	6.2 NAME	
STREET ADDRESS	<b>1204 50TH AVENUE</b>	6.3 STREET ADDRESS	
CITY-STATE-ZIP	<b>GREELEY CO</b>	6.4 CITY-STATE-ZIP	

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 119.07(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: **3/25/96**      402-595-4305  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Outline Phone #

CR2E034 (12/95)