

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

**Apr 21 1997 8:00am
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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 68102-5094
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2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified 05/02/1972	3a. Date of Last Report 04/08/1996
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.	4. FFI Number 84-0519874	Applied For Not Applicable
22. City & State	27. City & State	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23. Zip	28. Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24. 68102-5001	29. 68102-5001	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	
THE PRENTICE-HALL CORPORATION SYSTEM INC. 1201 HAYS STREET SUITE 105 TALLAHASSEE FL 32301		81. Name	
		82. Street Address (P.O. Box Number is Not Acceptable)	
		83. City	
		84. State	FL
85. Zip Code			

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 _____ (NOTE: Registered Agent's signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LEE O LOCHMANN	1.2 NAME	
STREET ADDRESS	1425 PERSIMMON DRI	1.3 STREET ADDRESS	
CITY-ST-ZIP	ST CHARLES IL	1.4 CITY-ST-ZIP	
TITLE	V	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JOHN J. DILL	2.2 NAME	
STREET ADDRESS	326 SOUTH 124TH ST.	2.3 STREET ADDRESS	
CITY-ST-ZIP	OMAHA NE	2.4 CITY-ST-ZIP	
TITLE	VS	3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	L B THOMAS	3.2 NAME	
STREET ADDRESS	7813 PIERCE ST	3.3 STREET ADDRESS	
CITY-ST-ZIP	OMAHA NE	3.4 CITY-ST-ZIP	
TITLE	AS	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BADBERG,SUE	4.2 NAME	
STREET ADDRESS	4629 CAPITOL AVE	4.3 STREET ADDRESS	
CITY-ST-ZIP	OMAHA NE	4.4 CITY-ST-ZIP	
TITLE	D	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MICHAEL J ECKMAN	5.2 NAME	
STREET ADDRESS	2904 ROYAL FOX	5.3 STREET ADDRESS	
CITY-ST-ZIP	ST CHARLES IL	5.4 CITY-ST-ZIP	
TITLE	D	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NORTON, P.KAY	6.2 NAME	
STREET ADDRESS	1204 50TH AVENUE	6.3 STREET ADDRESS	
CITY-ST-ZIP	GREELEY CO	6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:  John J. Dill 4/11/97 (402) 595-4305

CR2E034 (9/96)