

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

FILED
Apr 01 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham 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
---	---

DO NOT WRITE IN THIS SPACE

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 Zip
25 Country	30 Country

3. Date Incorporated or Qualified 05/02/1972	
4. FEI Number 84-0519874	Applied For <input type="checkbox"/> Yes <input checked="" type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	\$5.00 May Be Added to Fees
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**THE PRENTICE-HALL CORPORATION SYSTEM INC.
 1201 HAYS STREET
 SUITE 105
 TALLAHASSEE FL 32301**

10. Name and Address of New Registered Agent

81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	85 Zip Code

FL

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 signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		
TITLE	P	<input type="checkbox"/> DELETE
NAME	LEE O LOCHMANN	
STREET ADDRESS	1425 PERSIMMON DRI	
CITY-ST-ZIP	ST CHARLES IL	
TITLE	V	<input checked="" type="checkbox"/> DELETE
NAME	JOHN J. DILL	
STREET ADDRESS	326 SOUTH 124TH ST.	
CITY-ST-ZIP	OMAHA NE	
TITLE	S	<input checked="" type="checkbox"/> DELETE
NAME	CASEY, WALT	
STREET ADDRESS	414 MARTIN DRIVE N.	
CITY-ST-ZIP	BELLEVUE NE	
TITLE	AS	<input type="checkbox"/> DELETE
NAME	BADBERG,SUE	
STREET ADDRESS	4620 CAPITOL AVE	
CITY-ST-ZIP	OMAHA NE	
TITLE	D	<input type="checkbox"/> DELETE
NAME	MICHAEL J ECKMAN	
STREET ADDRESS	2904 ROYAL FOX	
CITY-ST-ZIP	ST CHARLES IL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	NORTON, P.KAY	
STREET ADDRESS	1204 50TH AVENUE	
CITY-ST-ZIP	GREELEY CO	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
1.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Lochmann, Lee O.	
1.3 STREET ADDRESS	1425 Persimmon Drive	
1.4 CITY-ST-ZIP	St. Charles, IL 60174	
2.1 TITLE	Vice President - Tax	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Keith, Debra L.	
2.3 STREET ADDRESS	2918 Blackhawk Circle	
2.4 CITY-ST-ZIP	Omaha, NE 68123	
3.1 TITLE	Vice President - Secretary	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	O'Donnell, James P.	
3.3 STREET ADDRESS	15724 Leavenworth Street	
3.4 CITY-ST-ZIP	Omaha, NE 68118	
4.1 TITLE	Vice President - Treasurer	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	Lacey, M.E.	
4.3 STREET ADDRESS	9519 Parker Street	
4.4 CITY-ST-ZIP	Omaha, NE 68114	
5.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	O'Donnell, James P.	
5.3 STREET ADDRESS	15724 Leavenworth Street	
5.4 CITY-ST-ZIP	Omaha, NE 68118	
6.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	DiFonzo, Ken	
6.3 STREET ADDRESS	16646 Howard Circle	
6.4 CITY-ST-ZIP	Omaha, NE 68118	

14. I 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: *Debra L. Keith* VICE PRESIDENT - TAX 3/25/98 (402) 595-4080

CR2E034 (10/97)