

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

FILED
May 04, 1999 8:00 am
Secretary of State

05-04-1999 90120 014 ***150.00

PROFIT CORPORATION
 ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # 827896

1. Corporation Name
MONFORT FOOD DISTRIBUTION COMPANY



DO NOT WRITE IN THIS SPACE

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

3. Date Incorporated or Qualified
05/02/1972

4. FEI Number Applied For
84-0519874 Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution **\$5.00** May Be Added to Fees

8. This corporation owes the current year Intangible Personal Property Tax. Yes No

2. Principal Place of Business 2a. Mailing Address
 One ConAgra Drive CC241 26 One ConAgra Drive CC241
 Suite, Apt. #, etc. 27 Suite, Apt. #, etc.

22 City & State 27 City & State

23 Zip Country 28 Zip Country
 24 68102-5001 25 29 68102-5001 30

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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS	
TITLE	P <input checked="" type="checkbox"/> DELETE
NAME	LEE O LOCHMANN
STREET ADDRESS	1425 PERSIMMON DRI
CITY-ST-ZIP	ST CHARLES IL
TITLE	D <input checked="" type="checkbox"/> DELETE
NAME	LOCHMANN, LEE O
STREET ADDRESS	1425 PERSIMMON DR
CITY-ST-ZIP	ST CHARLES IL 60174
TITLE	VP <input type="checkbox"/> DELETE
NAME	KEITH, DEBRA L
STREET ADDRESS	2918 BLACKHAWK CIR
CITY-ST-ZIP	OMAHA NE 68123
TITLE	AS <input checked="" type="checkbox"/> DELETE
NAME	BADBERG,SUE
STREET ADDRESS	4629 CAPITOL AVE
CITY-ST-ZIP	OMAHA NE
TITLE	D <input checked="" type="checkbox"/> DELETE
NAME	MICHAEL J ECKMAN
STREET ADDRESS	2904 ROYAL FOX
CITY-ST-ZIP	ST CHARLES IL
TITLE	D <input type="checkbox"/> DELETE
NAME	DIFONZO, KEN
STREET ADDRESS	16646 HOWARD CIR
CITY-ST-ZIP	OMAHA NE 68118

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	President & D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Thomas L. Manuel
1.3 STREET ADDRESS	11364 William Plaza
1.4 CITY-ST-ZIP	Omaha, NE 68144
2.1 TITLE	D <input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Kenneth W. DiFonzo
2.3 STREET ADDRESS	16646 Howard Circle
2.4 CITY-ST-ZIP	Omaha, NE 68128
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	Assistant Corporate Sec <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	David G. Withers
4.3 STREET ADDRESS	8105 North 40 Street
4.4 CITY-ST-ZIP	Omaha, NE 68112
5.1 TITLE	VP & Secretary <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	James P. O'Donnell
5.3 STREET ADDRESS	1129 South 181 Plaza
5.4 CITY-ST-ZIP	Omaha, NE 68130
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

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, with all other like empowered.

SIGNATURE: Debra L Keith REQUIRED Keith, VP-Tax 4/20/99 (402) 595-4575

CR2E034 (11/98)