

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 14, 2001 8:00 am
Secretary of State

05-14-2001 90009 041 ***150.00

DOCUMENT # 827896

1. Entity Name
MONFORT FOOD DISTRIBUTION COMPANY

Principal Place of Business

**ONE CONAGRA DRIVE
 CC241
 OMAHA NE 68102-5001**

Mailing Address

**ONE CONAGRA DRIVE
 CC241
 OMAHA NE 68102-5001**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **84-0519874**

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE Delete
 NAME **PD SIMONS, JOHN H**
 STREET ADDRESS **1900 AA ST. /P O BOX 2480**
 CITY-ST-ZIP **GREELEY CO 80632-2480**

TITLE Change Addition
 NAME **Simons, John N.**
 STREET ADDRESS **7422 Tamarisk Drive**
 CITY-ST-ZIP **Fort Collins, CO 80525**

TITLE Delete
 NAME **D BOLDING, JAY D**
 STREET ADDRESS **1625 N. 129TH ST**
 CITY-ST-ZIP **OMAHA NE 68128**

TITLE Change Addition
 NAME
 STREET ADDRESS **68154**
 CITY-ST-ZIP

TITLE Delete
 NAME **VP KEITH, DEBRA L**
 STREET ADDRESS **2918 BLACKHAWK CIR**
 CITY-ST-ZIP **OMAHA NE 68123**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **ACS WITHERS, DAVID G**
 STREET ADDRESS **8105 NORTH 40 STREET**
 CITY-ST-ZIP **OMAHA NE 68112**

TITLE Change Addition
 NAME **ACS Wedeking, Kevin L.**
 STREET ADDRESS **14466 Grant ST**
 CITY-ST-ZIP **Omaha NE 68116**

TITLE Delete
 NAME **VS O'DONNELL, JAMES P**
 STREET ADDRESS **1129 SOUTH 181 PLAZA**
 CITY-ST-ZIP **OMAHA NE 68130**

TITLE Change Addition
 NAME
 STREET ADDRESS **1126 South 181st Plaza**
 CITY-ST-ZIP **Omaha NE 68130**

TITLE Delete
 NAME **VPT HARTY, LINDA S**
 STREET ADDRESS **8565 CEDAR ST**
 CITY-ST-ZIP **OMAHA NE 68124**

TITLE Change Addition
 NAME **VPT O'Donnell, James P.**
 STREET ADDRESS **1126 South 181st Plaza**
 CITY-ST-ZIP **Omaha NE 68130**

13. 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Debra L Keith Debra L. Keith

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/24/01

Date

(402) 595-4553

Daytime Phone #

CR2E034 (10/00)