


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

0650105

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

05-04-1999 90120 016 \*\*\*150.00

PROFIT CORPORATION ANNUAL REPORT 1999



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

**DOCUMENT # 836694**

1. Corporation Name  
**CONAGRA, INC.**

Principal Place of Business Mailing Address

ONE CONAGRA DRIVE CC-360 ONE CONAGRA DRIVE CC-360  
 OMAHA NE 68102-5001 OMAHA NE 68102-5001  
 US US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 2a. Mailing Address

21 One ConAgra Drive CC241 26 One ConAgra Drive CC241  
 Suite, Apt. #, etc. Suite, Apt. #, etc.

22 City & State 27 City & State

23 Zip Country 28 Zip Country

24 25 29 30

3. Date Incorporated or Qualified  
**07/16/1976**

4. FEI Number Applied For  
**47-0248710** 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

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 **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 signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	PD <input checked="" type="checkbox"/> DELETE	1.1 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FLETCHER, PHILIP B.	1.2 NAME
STREET ADDRESS	11364 WILLIAMS PLAZA	1.3 STREET ADDRESS
CITY-ST-ZIP	OMAHA, NE.	1.4 CITY-ST-ZIP
TITLE	EVPS <input type="checkbox"/> DELETE	2.1 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	O'DONNELL, JAMES P	2.2 NAME
STREET ADDRESS	15724 LEAWEWORTH ST	2.3 STREET ADDRESS
CITY-ST-ZIP	OMAHA NE 68118	2.4 CITY-ST-ZIP
TITLE	T <input checked="" type="checkbox"/> DELETE	3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	M E LACEY	3.2 NAME
STREET ADDRESS	9519 PARKER ST	3.3 STREET ADDRESS
CITY-ST-ZIP	OMAHA NE	3.4 CITY-ST-ZIP
TITLE	PCEO <input checked="" type="checkbox"/> DELETE	4.1 TITLE <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	RHODE, BRUCE C	4.2 NAME
STREET ADDRESS	843 SOUTH 9TH ST	4.3 STREET ADDRESS
CITY-ST-ZIP	OMAHA NE 68114	4.4 CITY-ST-ZIP
TITLE	VP <input type="checkbox"/> DELETE	5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KEITH, DEBRA L	5.2 NAME
STREET ADDRESS	2918 BLACKHAWK CIR	5.3 STREET ADDRESS
CITY-ST-ZIP	OMAHA NE 68123	5.4 CITY-ST-ZIP
TITLE	AS <input checked="" type="checkbox"/> DELETE	6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BADBERG, SUE	6.2 NAME
STREET ADDRESS	4629 CAPITOL AVE.	6.3 STREET ADDRESS
CITY-ST-ZIP	OMAHA NE	6.4 CITY-ST-ZIP

1.1 TITLE	Chief Executive Officer <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Bruce C. Rohde
1.3 STREET ADDRESS	843 South 96th St.
1.4 CITY-ST-ZIP	Omaha NE 68114
2.1 TITLE	Executive Vice President, CFO/Treasurer <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	James P. O'Donnell
2.3 STREET ADDRESS	1126 South 181st Plaza
2.4 CITY-ST-ZIP	Omaha NE 68130
3.1 TITLE	Vice President & Controller <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Jay D. Bolding
3.3 STREET ADDRESS	1625 N 129th
3.4 CITY-ST-ZIP	Omaha NE 68154
5.1 TITLE	Assistant Corporate Secretary <input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	David G. Withers
5.3 STREET ADDRESS	8105 N 40th Street.
5.4 CITY-ST-ZIP	Omaha NE 68112

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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* **RECEIVED** Debra L. Keith, VP-Tax 4/22/99 (402) 595-4575

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/98)