


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 19, 2004 8:00 am**  
**Secretary of State**

04-19-2004 90341 022 \*\*\*150.00

<b>DOCUMENT # 836694</b> 1. Entity Name <b>CONAGRA FOODS, INC.</b>					
Principal Place of Business <b>ONE CONAGRA DRIVE CC241 OMAHA NE 68102-5001 US</b>			Mailing Address <b>ONE CONAGRA DRIVE CC241 OMAHA NE 68102-5001 US</b>		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
<b>THE PRENTICE-HALL CORPORATION SYSTEM INC. 1201 HAYS STREET SUITE 105 TALLAHASSEE FL 32301</b>			Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ _____ City _____ <b>FL</b> 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2004 Fee will be \$550.00</b> <b>Make Check Payable to Florida Department of State</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>CEO ROHDE, BRUCE C</b> <input type="checkbox"/> Delete <b>ONE CONAGRA DRIVE OMAHA NE 68114</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>CEO, P &amp; D ROHDE, BRUCE C</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>ONE CONAGRA DRIVE OMAHA, NE 68102-5001</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>EVTC O'DONNELL, JAMES P</b> <input type="checkbox"/> Delete <b>ONE CONAGRA DRIVE OMAHA NE 68130</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP, CFO, &amp; CS O'DONNELL, JAMES P</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>ONE CONAGRA DRIVE OMAHA, NE 68102-5001</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VC BOLDING, JAY D</b> <input type="checkbox"/> Delete <b>ONE CONAGRA DRIVE OMAHA NE 68154</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP &amp; C BOLDING, JAY D</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>ONE CONAGRA DRIVE OMAHA, NE 68102-5001</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP KEITH, DEBRA L</b> <input type="checkbox"/> Delete <b>ONE CONAGRA DRIVE OMAHA NE 68123</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP KEITH, DEBRA L</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>ONE CONAGRA DRIVE OMAHA, NE 68102-5001</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>ACS WEDEKING, KEVIN L</b> <input checked="" type="checkbox"/> Delete <b>ONE CONAGRA DRIVE OMAHA NE 68116</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP &amp; T MESSEL, SCOTT E</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>ONE CONAGRA DRIVE OMAHA, NE 68102-5001</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D BATCHELDER, DAVID H</b> <input type="checkbox"/> Delete <b>11975 EL CAMINO REAL SUITE 300 SAN DIEGO CA 92130</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D BATCHELDER, DAVID H</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>ONE CONAGRA DRIVE OMAHA, NE 68102-5001</b>	
12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
<b>SIGNATURE:</b> <i>Debra L. Keith</i> <b>Debra L. Keith</b>			<b>April 7, 2004 (402) 595-4553</b>		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		