

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 28, 2003 8:00 am**  
**Secretary of State**

04-28-2003 91295 043 \*\*\*150.00

065624 AT

**DOCUMENT # 836694**

1. Entity Name  
**CONAGRA FOODS, INC.**



Principal Place of Business  
**ONE CONAGRA DRIVE  
CC241  
OMAHA NE 68102-5001  
US**

Mailing Address  
**ONE CONAGRA DRIVE  
CC241  
OMAHA NE 68102-5001  
US**

**11023808**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **47-0248710**

Applied For  
Not Applicable

Zip

Country

Zip

Country

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

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**CEO  
ROHDE, BRUCE C  
843 SOUTH 96TH ST  
OMAHA NE 68114** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**P/CEO/D  
Rohde, Bruce C  
One ConAgra Drive  
Omaha, NE 68102-5001** ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**EVC  
O'DONNELL, JAMES P  
1126 SOUTH 181ST PLAZA  
OMAHA NE 68130** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**VP/S  
O'Donnell, James P  
One ConAgra Drive  
Omaha, NE 68102-5001** ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**VC  
BOLDING, JAY D  
1625 N 129TH  
OMAHA NE 68154** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**VP/C  
Bolding, Jay D  
One ConAgra Drive  
Omaha, NE 68102-5001** ☒ Change ☐ Addition

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**VP  
Keith, Debra L  
One ConAgra Drive  
Omaha, NE 68102-5001** ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**ACS  
WEDEKING, KEVIN L  
14466 GRANT STREET  
OMAHA NE 68116** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**ACS  
Wedeking, Kevin L  
One ConAgra Drive  
Omaha, NE 68102-5001** ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D  
Batchelder, David H  
11975 El Camino Real, Suite 300  
San Diego, CA 92130** ☐ Change ☒ Addition

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.

**SIGNATURE:**

*Debra L. Keith*  
**SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**

Debra L. Keith

April 22, 2003

(402) 595-4206

Date

Daytime Phone #

CR2034 (10/02)