

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

CORPORATION  
ANNUAL REPORT  
1995



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

APPROVED  
AND  
FILED

95 APR 28 AM 10:28

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **857359** (4)

1. Corporation Name  
**GELDERMANN, INC.**

Principal Place of Business

MR. JOHN J. DILL  
ONE CONAGRA DR C-360  
OMAHA NE 68102-2001

Mailing Address

MR. JOHN J. DILL  
ONE CONAGRA DR C-360  
OMAHA NE 68102-2001

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified **08/09/1983** 3a. Date of Last Report **04/14/1994**

4. FEI Number **47-0656837** Applied For  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 has liability for intangible tax under S. 199.032, Florida Statutes  Yes  No

2. Principal Place of Business 2a. Mailing Address  
21 **440 LASALLE ST., 20TH FL.** 26 **440 LASALLE ST., 20TH FL.**  
Suite, Apt. #, etc. Suite, Apt. #, etc.  
22 City & State 27 City & State  
23 **CHICAGO, IL** 28 **CHICAGO, IL**  
Zip Country Zip Country  
24 **60605** 25 Country 29 **60605** 30 Country

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

B1 Name  
B2 Street Address (P.O. Box Number is Not Acceptable)  
B3  
B4 City **FL** B5 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

Signature required of president, secretary, treasurer, or registered agent and the registered agent. (NOTE: Registered Agent signature required when re-registering.) (1981)

12. OFFICERS AND DIRECTORS

TITLE	PD
NAME	CURLEY, JAMES R.
STREET ADDRESS	62 EQUAL RD.
CITY ST ZIP	LAKE FOREST IL
TITLE	VD
NAME	GELDERMANN, THOMAS A.
STREET ADDRESS	39608 TOM MORRIS ROAD
CITY ST ZIP	SCOTTSDALE AZ
TITLE	
NAME	PRITCHER, CONRAD
STREET ADDRESS	1111 LOVELL COURT
CITY ST ZIP	ELK GR
TITLE	VS
NAME	MATTHEWS, GLORIA J.
STREET ADDRESS	6720 SO EUCLID
CITY ST ZIP	CHICAGO IL
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2. NAME	
3. STREET ADDRESS	
4. CITY ST ZIP	
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	ROBERT LEDNORA
2.3 STREET ADDRESS	440 LASALLE ST., 20TH FL.
2.4 CITY ST ZIP	CHICAGO, IL 60605
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	WILLIAM R. BRENNAN
3.3 STREET ADDRESS	440 S. LASALLE ST., 20TH FL.
3.4 CITY ST ZIP	CHICAGO, IL 60605
4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	GC/S GARY M. RINDNER
4.3 STREET ADDRESS	225 LIBERTY ST., 27TH FL.
4.4 CITY ST ZIP	NEW YORK, NY 10080-6127
5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	CONRAD PRITCHER
5.3 STREET ADDRESS	1111 LOVELL COURT
5.4 CITY ST ZIP	ELK GROVE, IL 60007
6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	THOMAS M. HART
6.3 STREET ADDRESS	225 LIBERTY ST., 27TH FL.
6.4 CITY ST ZIP	NEW YORK, NY 10080-6127

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(9)(k), 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.

SIGNATURE:

*Thomas M. Hart*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

April 17, 1995 566-9102  
Date Time