

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



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

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

05-04-1999 90120 004 \*\*\*150.00

DOCUMENT # 574442

1. Corporation Name

TROPMI IMPORT CO.

Principal Place of Business

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

Mailing Address

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

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/01/1978

4. FEI Number

47-0759373

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 owes the current year Intangible  
Personal Property Tax.

☐

Yes ☐ No

2. Principal Place of Business

21 One ConAgra Drive CC241

2a. Mailing Address

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

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE P ☐ DELETE

NAME GONZALEZ, JESSE  
STREET ADDRESS 13924 PEPPERRELL DR  
CITY-ST-ZIP TAMPA FL

TITLE VPT ☒ DELETE

NAME LACEY, M E  
STREET ADDRESS 9519 PARKER ST  
CITY-ST-ZIP OMAHA NE 68114

TITLE VPS ☐ DELETE

NAME O'DONNELL, JAMES P  
STREET ADDRESS 15724 LEAVENWORTH ST  
CITY-ST-ZIP OMAHA NE 68118

TITLE D ☐ DELETE

NAME DIFONZO, KEN  
STREET ADDRESS 16646 HOWARD CIR  
CITY-ST-ZIP OMAHA NE 68114

TITLE AS ☒ DELETE

NAME BADBERG, SUE  
STREET ADDRESS ONE CONAGRA DR  
CITY-ST-ZIP OMAHA NE

TITLE D ☐ DELETE

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

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

☐ Change

☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

☐ Change

☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

VPS & D

☒ Change

☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

1129 South 181 Plaza  
Omaha, NE 68130

4.1 TITLE

VP & Controller & D

☒ Change

☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

Ass't Corporate Sec

☒ Change

☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

David G. Withers  
8105 North 40 Street  
Omaha, NE 68112

6.1 TITLE

VP-Tax & D

☒ Change

☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. 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 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* DEBRA L. KEITH, VP-Tax  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/21/99

Date

(402) 595-4575

Daytime Phone #

CR2E034 (1/98)