

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

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

04-28-2003 91316 026 \*\*\*150.00

0662616 AT

**DOCUMENT # 574442**

1. Entity Name  
**TROPMI IMPORT CO.**



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

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



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **47-0658363**

Applied For  
Not Applicable

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

☒ CHECK HERE IF MAKING CHANGES

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 **P** ☐ Delete  
NAME **GONZALEZ, JESSE**  
STREET ADDRESS **4124 HIGHLAND PARK CIRCLE**  
CITY-ST-ZIP **LUTZ FL 33549**

TITLE **P** ☒ Change ☐ Addition  
NAME **Gonzalez, Jesse**  
STREET ADDRESS **5024 Uceta Road**  
CITY-ST-ZIP **Tampa, FL 33619**

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

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

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

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

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

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

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

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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*  
**Debra L. Keith**

Debra L. Keith

April 22, 2003

(402) 595-4206

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)

## Directors, Officers Report

**Tropmi Import Co.**

Tuesday, April 22, 2003

## DIRECTORS

**Jay Douglas Bolding**  
Primary Address:

**Director**

ConAgra Foods, Inc.  
One ConAgra Drive  
Omaha, NE 68102-5001 USA

**Debra Lynn Keith**  
Primary Address:

## Director

ConAgra Foods, Inc.  
One ConAgra Drive  
Omaha, NE 68102-5001 USA

**James Patrick O'Donnell**  
Primary Address:

**Director**

ConAgra Foods, Inc.  
One ConAgra Drive  
Omaha, NE 68102-5001 USA

## OFFICERS

**Jesse Gonzalez**  
• Primary Address:

**President**

5024 Uceta Road  
Tampa, FL 33619 US

**Jay Douglas Bolding**  
Primary Address:

**Vice President & Controller**

ConAgra Foods, Inc.  
One ConAgra Drive  
Omaha, NE 68102-5001 USA

**James Patrick O'Donnell**  
Primary Address:

### Vice President & Secretary

ConAgra Foods, Inc.  
One ConAgra Drive  
Omaha, NE 68102-5001 USA

**Debra Lynn Keith**  
Primary Address:

## Vice President, Tax

ConAgra Foods, Inc.  
One ConAgra Drive  
Omaha, NE 68102-5001 USA

**Scott Edward Messel**  
Primary Address:

### Vice President, Treasurer

ConAgra Foods, Inc.  
One ConAgra Drive  
Omaha, NE 68102-5001 USA

**Kevin Lynn Wedeking**  
Primary Address:

**Assistant Treasurer / Assistant Corporate Secretary**

ConAgra Foods, Inc.  
One ConAgra Drive  
Omaha, NE 68102-5001 USA