


FILE NOW: FILING FEE IS \$61.25

FILED

Apr 15 1997 8:00am  
Secretary of State

<b>NONPROFIT CORPORATION ANNUAL REPORT 1997</b>		<b>FLORIDA DEPARTMENT OF STATE</b> <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
---	---	--

<b>DOCUMENT # 790979 (9)</b> 1. Corporation Name <b>FARMLAND FOODS, INC.</b>
--

Principal Place of Business <b>3315 NORTH OAK TRAFFIC WAY DEPT. 54 KANSAS CITY MO 64116-2775 US</b>	Mailing Address <b>P.O. BOX 7304 DEPT. 54 KANSAS CITY MO 64116-0004</b>
--	--



<b>21</b> 2. Principal Place of Business Suite, Apt. #, etc. <b>22</b> City & State <b>23</b> Zip <b>24</b> Country	<b>2a.</b> Mailing Address <b>26</b> Suite, Apt. #, etc. <b>27</b> City & State <b>28</b> Zip <b>29</b> Country
---	---

<b>3.</b> Date Incorporated or Qualified <b>12/21/1968</b>	<b>3a.</b> Date of Last Report <b>04/08/1996</b>
<b>4.</b> FEI Number <b>42-0862509</b>	Applied For <input type="checkbox"/> Not Applicable
<b>5.</b> Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
<b>6.</b> Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
<b>8.</b> This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

<b>9. Name and Address of Current Registered Agent</b> <b>CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION FL 33324</b>
---

<b>10. Name and Address of New Registered Agent</b> <b>81</b> Name <b>82</b> Street Address (P.O. Box Number is Not Acceptable) <b>83</b> <b>84</b> City <b>FL</b> <b>85</b> Zip Code
---

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD GRAZIER, GEORGE E. 3315 N. OAK TRAFFICWAY KANSAS CITY MO
TITLE NAME STREET ADDRESS CITY - ST - ZIP	CD CLEBERG, H.D. 3315 N. OAK TRAFFICWAY KANSAS CITY MO
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VCD EVANS, GARY E. 3315 N. OAK TRAFFICWAY KANSAS CITY MO
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VPST BALDWIN, MARK L. 3315 N. OAK TRAFFICWAY KANSAS CITY MO
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D BERARDI, JOHN F. 3315 N. OAK TRAFFICWAY KANSAS CITY, MO
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D DEES, STEPHEN P. 3315 N. OAK TRAFFICWAY KANSAS CITY, MO

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY - ST - ZIP	V/S Richter, George H. 3315 N. Oak Trafficway Kansas City, MO 64116
5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I do 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

George H. Richter

CR2E037 (9/96)