2000 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

FILED DOCUMENT # **805072** May 01, 2000 8:00 am Secretary of State 1. Entity Name HORMEL FOODS CORPORATION 05-01-2000 90415 035 ***150.00 Mailing Address Principal Place of Business % CT CORPORATION 5 CT CORPORATION SYSTEM 1200 S PINE ISLAND RD 1200 S PINE ISLAND RD PLANTATION FL 33324-4413 PLANTATON FL 33324 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For City & State 4. FEI Number City & State 41-0319970 Not Applicable Country Zip Country \$8.75 Additional Zip 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name CT CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable) 1200 S. PINE ISLAND ROAD PLANTATION FL 33324 Zip Code FL 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. SIGNATURE (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible -10.- Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. CEOP ☐ Addition Change ☐ Delete TITLE TITLE JOHNSON, JOEL W. NAME STREET ADDRESS 301 S.W 22ND STREET STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **AUSTIN MN 55912** ☐ Change Addition Delete TITLE TITLE MCCOY, J MICHAEL NAME NAME STREET ADDRESS 2804 2ND AVE NW STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **AUSTIN MI 55912** ☐ Addition **EVCF** ☐ Change TITLE ☐ Delete TITLE HODAPP, D.J. NAME NAME STREET ADDRESS 1905 9TH STREET S.W. STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **AUSTIN MN GVP** ☐ Change ☐ Addition ☐ Delete TITLE DICKSON, D N NAME NAME R.R. 5 - BOX 3A STREET ADDRESS STREET ADDRESS CITY-ST-7IP **AUSTIN MN** CITY-ST-ZIP **GVP C**Change Addition ☐ Delete TITLE TITLE GVP Brown, Eric A BROWN, ERICC A NAME NAME 2701 NW 4TH AVE STREET ADDRESS STREET ADDRESS 2701 NW 4th AVe CITY-ST-ZIP CiTY-ST-ZIP **AUSTIN MN** Austin MN 55912 ☐ Change Addition **GVP** Detete. TITLE TITLE **EVP** KERBER, S.E. NAME Ray, Gary J. 303 S.W. 21ST STREET STREET ADDRESS STREET ADDRESS 2001 4th Dr. SW 13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

Treasurer

507-437-5737

4/17/00