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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB 28 PM 3:47

DOCUMENT # 819308 **(8)**

1. Corporation Name
ORE-IDA FOODS INC

Principal Place of Business	Mailing Address
220 WEST PARK CENTER P. O. BOX 10 BOISE ID 83707	220 WEST PARK CENTER P. O. BOX 10 BOISE ID 83707

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 01/19/1966
3a. Date of Last Report: 02/07/1994

2. Principal Place of Business — 21:
Suite, Apt. #, etc. — 22:
City & State — 23:
Zip — 24: Country — 25:

2a. Mailing Address — 26:
Suite, Apt. #, etc. — 27:
City & State — 28:
Zip — 29: Country — 30:

4. FEI Number: 93-0561386 ☐ 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

9. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	~~CD~~	1.1 TITLE	☒ Change ☐ Addition V
NAME	~~O'REILLY, ANTHONY J.F.~~ DELETE	1.2 NAME	KINNEY, J. PATRICK
STREET ADDRESS	~~605 FOX CHAPEL ROAD~~	1.3 STREET ADDRESS	2266 S. CROSSCREEK LANE
CITY-ST-ZIP	~~PITTSBURGH PA~~	1.4 CITY-ST-ZIP	BOISE, ID 83706
TITLE	VSTD	2.1 TITLE	☐ Change ☐ Addition
NAME	WHITE, CHARLES C	2.2 NAME	
STREET ADDRESS	2235 S CROSSCREEK LN	2.3 STREET ADDRESS	
CITY-ST-ZIP	BOISE ID	2.4 CITY-ST-ZIP	
TITLE	D	3.1 TITLE	☐ Change ☐ Addition
NAME	SCULLEY, DAVID W	3.2 NAME	
STREET ADDRESS	BLACKBURN RD	3.3 STREET ADDRESS	
CITY-ST-ZIP	SEWICKLEY PA	3.4 CITY-ST-ZIP	
TITLE	PD	4.1 TITLE	☒ Change ☐ Addition
NAME	WAMHOFF, RICHARD H	4.2 NAME	
STREET ADDRESS	~~9944 W WOODGLADE LN~~	4.3 STREET ADDRESS	9401 W. RIVERSIDE DRIVE
CITY-ST-ZIP	BOISE ID	4.4 CITY-ST-ZIP	
TITLE	V	5.1 TITLE	☐ Change ☐ Addition
NAME	SURABIAN, GREGORY R	5.2 NAME	
STREET ADDRESS	1955 SPRINGBROOK LN	5.3 STREET ADDRESS	
CITY-ST-ZIP	BOISE ID	5.4 CITY-ST-ZIP	
TITLE	V	6.1 TITLE	☐ Change ☐ Addition
NAME	CARLSON, MARGARET E	6.2 NAME	
STREET ADDRESS	2109 CLAREMONT DR	6.3 STREET ADDRESS	
CITY-ST-ZIP	BOISE ID	6.4 CITY-ST-ZIP	

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 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.

SIGNATURE: X Charles C. White CHARLES C. WHITE 1/19/95 208 383-6724
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — (Area Code) Phone #

041176 PD