

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
Jun 09, 1999 8:00 am
Secretary of State

06-09-1999 90001 044 ***550.00

DOCUMENT # 819682

1. Corporation Name
HUNT-WESSON, INC.



Principal Place of Business
**1645 W. VALENCIA DRIVE
ATT: TAX DEPT
FULLERTON CA 92633
US**

Mailing Address
**7000 W CENTER ROAD
ATTN: TAX DEPT. WC-75
OMAHA NE 68106-2709
US**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	2a. Mailing Address	4. FEI Number	Applied For
21	26	95-2454628	Not Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.	5. Certificate of Status Desired	\$8.75 Additional Fee Required
22	27		
City & State	City & State	6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
23	28		
Zip	Zip	8. This corporation owes the current year Intangible Personal Property Tax.	Yes No
24	29		
Country	Country		
25	30		
	USA		

9. Name and Address of Current Registered Agent

**PRENTICE-HALL CORPORATION SYSTEM, INC.
1201 HAYES 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
85	Zip Code

FL

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	P <input checked="" type="checkbox"/> DELETE	1.1 TITLE PD	Raymond J. DeRiggi <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SNELL, EDWARD A	1.2 NAME	1645 Valencia Drive
STREET ADDRESS	1645 W. VALENCIA DRIVE	1.3 STREET ADDRESS	Fullerton, CA 92833
CITY-ST-ZIP	FULLERTON CA 92633	1.4 CITY-ST-ZIP	
TITLE	VST <input checked="" type="checkbox"/> DELETE	2.1 TITLE VS	James P. O'Donnell <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	THOMAS, LAWRENCE B	2.2 NAME	One ConAgra Drive
STREET ADDRESS	ONE CONAGRA DR	2.3 STREET ADDRESS	Omaha, NE 68102-5001
CITY-ST-ZIP	OMAHA NE	2.4 CITY-ST-ZIP	
TITLE	V <input type="checkbox"/> DELETE	3.1 TITLE VD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KEITH, DEBRA L	3.2 NAME	
STREET ADDRESS	ONE CONAGRA DRIVE	3.3 STREET ADDRESS	
CITY-ST-ZIP	OMAHA NE	3.4 CITY-ST-ZIP	
TITLE	V <input checked="" type="checkbox"/> DELETE	4.1 TITLE V	Phillip J. James <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GLISSON, FLOYD W.	4.2 NAME	#1 Old Town Square, Suite 200-D
STREET ADDRESS	1645 W VALENCIA DR	4.3 STREET ADDRESS	Fort Collins, CO 80524
CITY-ST-ZIP	FULLERTON CA	4.4 CITY-ST-ZIP	
TITLE	VC <input checked="" type="checkbox"/> DELETE	5.1 TITLE VC	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BELMONT, RICHARD A	5.2 NAME	Kenneth W. DiFonzo
STREET ADDRESS	1645 W VALENCIA DR	5.3 STREET ADDRESS	One ConAgra Drive
CITY-ST-ZIP	FULLERTON CA	5.4 CITY-ST-ZIP	Omaha, NE 68102-5001
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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 Vice President, Tax

May 28, 1999 (402) 595-4200

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)

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