

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 819682

1. Entity Name

CONAGRA GROCERY PRODUCTS COMPANY

Principal Place of Business

1645 W. VALENCIA DRIVE
ATT: TAX DEPT
FULLERTON CA 92633
US

Mailing Address

ONE CONAGRA DR.
ATTN: TAX DEPT. CC-241
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 95-2454628

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

PRENTICE-HALL CORPORATION SYSTEM, INC.
1201 HAYES 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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD ☐ Delete
NAME DERIGGI, RAYMOND J
STREET ADDRESS 1645 VALENCIA DR.
CITY-ST-ZIP FULLERTON CA 92833

TITLE President ☒ Change ☐ Addition
NAME
STREET ADDRESS 2191 Marselina
CITY-ST-ZIP Tustin Ranch, CA 92782

TITLE VS ☐ Delete
NAME O'DONNELL, JAMES P
STREET ADDRESS 1 CONAGRA DR.
CITY-ST-ZIP OMAHA NE 68102-5001

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

TITLE VD ☐ Delete
NAME KEITH, DEBRA L
STREET ADDRESS ONE CONAGRA DRIVE
CITY-ST-ZIP OMAHA NE

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP Omaha, NE 68102-5001

TITLE V ☒ Delete
NAME JAMES, PHILLIP J
STREET ADDRESS 1 OLD TOWN SQUARE STE 200-D
CITY-ST-ZIP FORT COLLINS CO 80524

TITLE Vice President ☐ Change ☒ Addition
NAME Kenneth W. DiFonzo
STREET ADDRESS 404 Morning Star Lane
CITY-ST-ZIP Newport, CA 92660

TITLE VC ☐ Delete
NAME BOLDING, JAY D
STREET ADDRESS ONE CONAGRA DR
CITY-ST-ZIP OMAHA NE 68102

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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.

SIGNATURE:

Debra L Keith

Debra L. Keith

4/24/01

(402) 595-4575

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)