

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 26, 2001 8:00 am
Secretary of State

01-26-2001 90123 020 ***150.00

DOCUMENT # 821028

1. Entity Name
JOHN MORRELL & CO.

Principal Place of Business

805 E KEMPER RD
 CINCINNATI OH 45246-2515
 US

Mailing Address

C/O SECRETARY
 200 COMMERCE ST
 SMITHFIELD VA 23430
 US

B0010231



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number **36-2332471**

Applied For

Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

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

TITLE	P	<input type="checkbox"/> Delete
NAME	SEBRING, JOSEPH B	
STREET ADDRESS	805 E KEMPER RD	
CITY-ST-ZIP	CINCINNATI OH	
TITLE	SD	<input type="checkbox"/> Delete
NAME	COLE, MICHAEL H	
STREET ADDRESS	200 COMMERCE ST	
CITY-ST-ZIP	SMITHFIELD VA 23430	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	POPE, C L	
STREET ADDRESS	200 COMMERCE ST	
CITY-ST-ZIP	SMITHFIELD VA 23430	
TITLE	DC	<input checked="" type="checkbox"/> Delete
NAME	LITTLE, LEWIS R	
STREET ADDRESS	200 COMMERCE ST	
CITY-ST-ZIP	SMITHFIELD VA 23430	
TITLE	AS	<input type="checkbox"/> Delete
NAME	BUTLER, LISA A	
STREET ADDRESS	200 COMMERCE STREET	
CITY-ST-ZIP	SMITHFIELD VA 23430	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	Treasurer and Director	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	C. Lamy Pope	
STREET ADDRESS	200 Commerce St	
CITY-ST-ZIP	Smithfield, VA 23430	
TITLE	Board Vice President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Donald J. Breen	
STREET ADDRESS	205 E. Kemper Rd	
CITY-ST-ZIP	Cincinnati OH	
TITLE	Assistant Secretary	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Daniel B. Stevens	
STREET ADDRESS	200 Commerce St	
CITY-ST-ZIP	Smithfield, VA 23430	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: Lisa R. Butler 1-16-01 (757)365-3026

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)