

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 821028

FILED
Mar 23, 2009
Secretary of State

Entity Name: JOHN MORRELL & CO.

Current Principal Place of Business:

805 E. KEMPER AVENUE
CINCINNATI, OH 45246 US

New Principal Place of Business:

Current Mailing Address:

805 E. KEMPER AVENUE
CINCINNATI, OH 45246 US

New Mailing Address:

FEI Number: 36-2332471 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: SEBRING, JOSEPH B
Address: 805 E. KEMPER AVENUE
City-St-Zip: CINCINNATI, OH 45246

Title: VPSD () Delete
Name: COLE, MICHAEL H
Address: 805 E. KEMPER AVENUE
City-St-Zip: CINCINNATI, OH 45246

Title: T () Delete
Name: LEWIS, HOUGHTON
Address: 805 E. KEMPER AVENUE
City-St-Zip: CINCINNATI, OH 45246

Title: VP () Delete
Name: DEEL, JEFFREY A
Address: 805 E. KEMPER AVENUE
City-St-Zip: CINCINNATI, OH 45246

Title: D () Delete
Name: TURNER, V. TRACY
Address: 805 E. KEMPER AVENUE
City-St-Zip: CINCINNATI, OH 45246

Title: VP () Delete
Name: DUBOIS, CAREY
Address: 805 E. KEMPER AVENUE
City-St-Zip: CINCINNATI, OH 45246

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: DIR (X) Change () Addition
Name: C. LARRY, POPE
Address: 805 E. KEMPER AVENUE
City-St-Zip: CINCINNATI, OH 45246

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: DIR (X) Change () Addition
Name: TURNER, V. TRACY
Address: 805 E. KEMPER AVENUE
City-St-Zip: CINCINNATI, OH 45246

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MANDELIN HENDRICKS

POA

03/23/2009

Electronic Signature of Signing Officer or Director

_____ Date