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

APPROVED AND FILED
[illegible] 1 AM 8:06
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **832382** **(6)**

1. Corporate Name
CONAGRA POULTRY COMPANY

Principal Place of Business	Mailing Address
ONE CONAGRA DRIVE CC-360 OMAHA NE 68102-2001	ONE CONAGRA DRIVE CC-360 OMAHA NE 68102-2001

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **05/20/1974**
3a. Date of Last Report: **04/15/1994**

2. Principal Place of Business — 21
2a. Mailing Address — 26
Suite, Apt. # etc. — 22 / 27
City & State — 23 / 28
Zip — 24
County — 25
Zip — 29
County — 30

4. FEI Number: **71-0451514** — 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. The corporation has liability for intangible tax under S. 199.032, Florida Statutes ☑ Yes ☐ No

9. Name and Address of Current Registered Agent

THE PRENTICE HALL CORPORATION SYSTEM INC
1201 HAYS ST
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 — **FL** — 85 Zip Code

11. Pursuant to the provisions of Sections 607.0505 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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1 TITLE	PD	1 TITLE	POSITION VACANT ☐ Change ☐ Addition
1 NAME	HAEFNER, GEROGE	1 NAME	
1 STREET ADDRESS	P. O. BOX 1997,NA	1 STREET ADDRESS	
1 CITY ST ZIP	EL DORADO AR	1 CITY ST ZIP	
2 TITLE	VTS	2 TITLE	☐ Change ☐ Addition
2 NAME	THOMAS,L.B.	2 NAME	
2 STREET ADDRESS	ONE CONAGRA DRIVE	2 STREET ADDRESS	
2 CITY ST ZIP	OMAHA, NE 0	2 CITY ST ZIP	
3 TITLE	AS	3 TITLE	☐ Change ☐ Addition
3 NAME	BADBERG, SUE	3 NAME	
3 STREET ADDRESS	ONE CONAGRA DRIVE	3 STREET ADDRESS	
3 CITY ST ZIP	OMAHA, NE 0	3 CITY ST ZIP	
4 TITLE	V	4 TITLE	☐ Change ☐ Addition
4 NAME	DILL,J.J.	4 NAME	
4 STREET ADDRESS	ONE CONAGRA DRIVE	4 STREET ADDRESS	
4 CITY ST ZIP	OMAHA, NE 0	4 CITY ST ZIP	
5 TITLE	D	5 TITLE	L.B. THOMAS ☑ Change ☐ Addition
5 NAME	GOSLEE, DWIGHT	5 NAME	ONE CONAGRA DRIVE
5 STREET ADDRESS	20965 ROUNDUP ROAD	5 STREET ADDRESS	Omaha, NE 68102-5001
5 CITY ST ZIP	ELKHORN NE	5 CITY ST ZIP	
6 TITLE		6 TITLE	☐ Change ☐ Addition
6 NAME		6 NAME	
6 STREET ADDRESS		6 STREET ADDRESS	
6 CITY ST ZIP		6 CITY ST ZIP	

14. To the best of my knowledge, all the information supplied with the filing is complete, accurate and does not qualify for the exemptions 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 with an asterisk or other indication that I am an officer or director.

SIGNATURE: John J. Dill — 4/26/95
SIGNATURE AND TITLE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
John J. Dill

0385700 CP