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Apr 29 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 832382
1. Corporation Name
CONAGRA POULTRY COMPANY

(6)



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

Mailing Address
ONE CONAGRA DRIVE CC-360
OMAHA NE 68102-5094

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

24 68102-5001

Country

25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 68102-5001

Country

30

3. Date Incorporated or Qualified

05/20/1974

3a. Date of Last Report

04/08/1996

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. This 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

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 607.0502 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

TITLE VTS ☒ DELETE

NAME THOMAS, L.B.
STREET ADDRESS ONE CONAGRA DRIVE
CITY-ST-ZIP OMAHA, NE 0

TITLE AS ☐ DELETE

NAME BADBERG, SUE
STREET ADDRESS ONE CONAGRA DRIVE
CITY-ST-ZIP OMAHA, NE 0

TITLE V ☐ DELETE

NAME DILL, J.J.
STREET ADDRESS ONE CONAGRA DRIVE
CITY-ST-ZIP OMAHA, NE 0

TITLE D ☒ DELETE

NAME L.B. THOMAS
STREET ADDRESS ONE CONAGRA DR
CITY-ST-ZIP OMAHA NE

TITLE P ☐ DELETE

NAME TOM SLAMECKA
STREET ADDRESS 1730 CRYSTAL HILLS DRIVE
CITY-ST-ZIP ATHENS GA

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE Vice President, Treasurer ☐ Change ☒ Addition

1.2 NAME M. E. Lacey
1.3 STREET ADDRESS 9591 Parker Street
1.4 CITY-ST-ZIP Omaha, NE 68114

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☒ Change ☐ Addition

3.2 NAME
3.3 STREET ADDRESS 326 South 124th Street
3.4 CITY-ST-ZIP Omaha, NE 68154

4.1 TITLE ☐ Change ☒ Addition

4.2 NAME Director
4.3 STREET ADDRESS Ken DiFonzo
16646 Howard Circle
4.4 CITY-ST-ZIP Omaha, NE 68118

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☒ Addition

6.2 NAME Secretary
6.3 STREET ADDRESS Wait Casey
414 Martin Drive N.
6.4 CITY-ST-ZIP Bellevue, NE 68005

14. I do 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.

SIGNATURE:

John J. Dill

John J. Dill

4/11/97

(402) 595-4305

CR2E034 (9/96)