


FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
Mar 31 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Northam Secretary of State DIVISION OF CORPORATIONS
DOCUMENT # 832382 (6) 1. Corporation Name CONAGRA POULTRY COMPANY		

Principal Place of Business ONE CONAGRA DRIVE CC-360 OMAHA NE 68102-5001 US	Mailing Address ONE CONAGRA DRIVE CC-360 OMAHA NE 68102-5001 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29		3. Date Incorporated or Qualified 05/20/1974	
4. FEI Number 71-0451514		Applied For <input type="checkbox"/> Not Applicable		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> 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	
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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				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	VPT	<input type="checkbox"/> DELETE	1.1 TITLE	P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	LACEY, M.E.		1.2 NAME	Bragg, Russ			
STREET ADDRESS	9591 PARKER ST		1.3 STREET ADDRESS	2960 Sugarloaf Club Drive			
CITY-ST-ZIP	OMAHA, NE 0		1.4 CITY-ST-ZIP	Duluth, GA 30155			
TITLE	AS	<input type="checkbox"/> DELETE	2.1 TITLE	Vice President - Secretary	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	BADBERG, SUE		2.2 NAME	O'Donnell, James P.			
STREET ADDRESS	ONE CONAGRA DRIVE		2.3 STREET ADDRESS	15724 Leavenworth Street			
CITY-ST-ZIP	OMAHA, NE 0		2.4 CITY-ST-ZIP	Omaha, NE 68118			
TITLE	V	<input checked="" type="checkbox"/> DELETE	3.1 TITLE	Vice-President - Tax	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	DILL, J.J.		3.2 NAME	Keith, Debra L.			
STREET ADDRESS	326 S 124TH ST		3.3 STREET ADDRESS	2918 Blackhawk Circle			
CITY-ST-ZIP	OMAHA, NE 0		3.4 CITY-ST-ZIP	Omaha, EN 68123			
TITLE	D	<input type="checkbox"/> DELETE	4.1 TITLE	O'Donnell, James P.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	DIFONZO, KEN		4.2 NAME	15724 Leavenworth Street			
STREET ADDRESS	16846 HOWARD CIRCLE		4.3 STREET ADDRESS	Omaha, NE 68118			
CITY-ST-ZIP	OMAHA NE		4.4 CITY-ST-ZIP				
TITLE	P	<input checked="" type="checkbox"/> DELETE	5.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	TOM SLAMECKA		5.2 NAME	Lochmann, Lee O.			
STREET ADDRESS	1730 CRYSTAL HILLS DRIVE		5.3 STREET ADDRESS	2001 Butterfield Road			
CITY-ST-ZIP	ATHENS GA		5.4 CITY-ST-ZIP	Downers Grove, IL 60515			
TITLE	S	<input checked="" type="checkbox"/> DELETE	6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	CASEY, WALT		6.2 NAME				
STREET ADDRESS	414 MARTIN DR N		6.3 STREET ADDRESS				
CITY-ST-ZIP	BELLEVUE NE		6.4 CITY-ST-ZIP				

14. 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 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:

Debra L. Keith

VICE PRESIDENT - TAX

3/25/98

(402) 595-4080

CR2E034 (1097)