


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

FILED
May 04, 1999 8:00 am
Secretary of State

05-04-1999 90120 007 ***150.00

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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 832382

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

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
05/20/1974

2. Principal Place of Business 21 Cne ConAgra Drive CC241 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country 25	2a. Mailing Address 26 One ConAgra Drive CC241 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country 30
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4. FEI Number
71-0451514

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

6. Election Campaign Financing ☐ **\$5.00** May Be Added to Fees

8. This corporation owes the current year Intangible Personal Property Tax. ☐ 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 607.0502 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	VPT <input checked="" type="checkbox"/> DELETE
NAME	LACEY, M.E.
STREET ADDRESS	9591 PARKER ST
CITY-ST-ZIP	OMAHA, NE 0
TITLE	AS <input checked="" type="checkbox"/> DELETE
NAME	BADBERG, SUE
STREET ADDRESS	ONE CONAGRA DRIVE
CITY-ST-ZIP	OMAHA, NE 0
TITLE	P <input checked="" type="checkbox"/> DELETE
NAME	BRAGG, RUSS
STREET ADDRESS	2960 SUGARLOAD CLUB DIRVE
CITY-ST-ZIP	DULUTH GA 30155
TITLE	D <input type="checkbox"/> DELETE
NAME	DIFONZO, KEN
STREET ADDRESS	16646 HOWARD CIRCLE
CITY-ST-ZIP	OMAHA NE
TITLE	VPS <input type="checkbox"/> DELETE
NAME	O'DONNELL, JAMES P
STREET ADDRESS	15724 LEAVENWORTH STREET
CITY-ST-ZIP	OMAHA NE 68118
TITLE	D not director <input type="checkbox"/> DELETE
NAME	KEITH, DEBRA L
STREET ADDRESS	2918 BLACKHAWK CIRCLE
CITY-ST-ZIP	OMAHA EN 68123

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	VP/Ass't Treasurer <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Rodney T. Liddle
1.3 STREET ADDRESS	2144 Wheeler Street
1.4 CITY-ST-ZIP	Woodridge, IL 60517
2.1 TITLE	Assistant Secretary <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	David G. Withers
2.3 STREET ADDRESS	81C5 North 40 Street
2.4 CITY-ST-ZIP	Omaha, NE 68112
3.1 TITLE	President <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Blake D. Lovette
3.3 STREET ADDRESS	1029 Arbor Trace NE
3.4 CITY-ST-ZIP	Atlanta, GA 30319
4.1 TITLE	Controller & D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	Omaha, NE 68128
4.4 CITY-ST-ZIP	
5.1 TITLE	VPS & D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	1129 South 181 Plaza
5.4 CITY-ST-ZIP	Omaha, NE 68130
6.1 TITLE	VP-Tax <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	Omaha, NE 68123

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, with all other like empowered.

SIGNATURE: Debra L. Keith DEBRA L. KEITH, VP-Tax 4/20/99 (402) 595-4575
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (1/98)