**FILE NOW: FILING FEE AFTER MAY 1 IS $550.00**

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Apr 21 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 # 836694 (0)

1. Corporation Name
**CONAGRA, INC.**

| Principal Place of Business | Mailing Address |
|---|---|
| ONE CONAGRA DRIVE CC-360<br>OMAHA NE 68102-2001 | ONE CONAGRA DRIVE CC-360<br>OMAHA NE 68102-5094 |

3. Date Incorporated or Qualified: 07/16/1976
3a. Date of Last Report: 04/08/1996

2. Principal Place of Business — 21: Suite, Apt. #, etc. — 22: City & State — 23: Zip 24: 68102-5001 — 25: Country

2a. Mailing Address — 26: Suite, Apt. #, etc. — 27: City & State — 28: Zip 29: 68102-5001 — 30: Country

4. FEI Number: 47-0248710 ☐ 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 STREET
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's signature required when reinstating) DATE

| 12. OFFICERS AND DIRECTORS | | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | | |
|---|---|---|---|---|---|
| TITLE | PD | ☐ DELETE | 1.1 TITLE | | ☐ Change ☐ Addition |
| NAME | FLETCHER, PHILIP B. | | 1.2 NAME | | |
| STREET ADDRESS | 11364 WILLIAMS PLAZA | | 1.3 STREET ADDRESS | | |
| CITY-ST-ZIP | OMAHA. NE. | | 1.4 CITY-ST-ZIP | | |
| TITLE | D | ☐ DELETE | 2.1 TITLE | | ☐ Change ☐ Addition |
| NAME | STOCKS, WILLIAM G. | | 2.2 NAME | | |
| STREET ADDRESS | 25646 DESOTO LANE | | 2.3 STREET ADDRESS | | |
| CITY-ST-ZIP | RIO VERDE AZ | | 2.4 CITY-ST-ZIP | | |
| TITLE | T | ☐ DELETE | 3.1 TITLE | | ☐ Change ☐ Addition |
| NAME | M E LACEY | | 3.2 NAME | | |
| STREET ADDRESS | 9519 PARKER ST | | 3.3 STREET ADDRESS | | |
| CITY-ST-ZIP | OMAHA NE | | 3.4 CITY-ST-ZIP | | |
| TITLE | VF | ☒ DELETE | 4.1 TITLE | Vice President, Secretary | ☐ Change ☒ Addition |
| NAME | THOMAS, L.B. | | 4.2 NAME | Walt Casey | |
| STREET ADDRESS | ONE CONAGRA DRIVE | | 4.3 STREET ADDRESS | 414 Martin Drive N. | |
| CITY-ST-ZIP | OMAHA NE | | 4.4 CITY-ST-ZIP | Bellevue, NE 68005 | |
| TITLE | V | ☐ DELETE | 5.1 TITLE | | ☒ Change ☐ Addition |
| NAME | DILL, JOHN J. | | 5.2 NAME | | |
| STREET ADDRESS | ONE CONAGRA DRIVE | | 5.3 STREET ADDRESS | 326 South 124th Street | |
| CITY-ST-ZIP | OMAHA NE | | 5.4 CITY-ST-ZIP | Omaha, NE 68154 | |
| TITLE | AS | ☐ DELETE | 6.1 TITLE | | ☐ Change ☐ Addition |
| NAME | BADBERG, SUE | | 6.2 NAME | | |
| STREET ADDRESS | 4629 CAPITOL AVE. | | 6.3 STREET ADDRESS | | |
| CITY-ST-ZIP | OMAHA NE | | 6.4 CITY-ST-ZIP | | |

CR2E034 (9/96)

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 4/11/97 (402) 595-4305