

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 24, 2006 8:00 am
Secretary of State

04-24-2006 90352 031 ***150.00

DOCUMENT # 836694

1. Entity Name
CONAGRA FOODS, INC.



Principal Place of Business
**ONE CONAGRA DRIVE
CC241
OMAHA, NE 68102-5001 US**

Mailing Address
**ONE CONAGRA DRIVE
CC241
OMAHA, NE 68102-5001 US**

60029294



04142006 Chg-P CR2E034 (11/05)

2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

City & State
Zip Country

4. FEI Number
47-0248710
Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**THE PRENTICE-HALL CORPORATION SYSTEM INC.
1201 HAYS STREET
SUITE 105
TALLAHASSEE, FL 32301**

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City **FL** Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEOP ROHDE, BRUCE C ONE CONAGRA DRIVE OMAHA, NE 681025001	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V GOSLEE, DWIGHT J ONE CONAGRA DRIVE OMAHA, NE 681025001	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VS JOHNSON, OWEN C ONE CONAGRA DRIVE OMAHA, NE 681025001	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V GEHRING, JOHN F ONE CONAGRA DRIVE OMAHA, NE 681025001	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPT MESSEL, SCOTT E ONE CONAGRA DRIVE OMAHA, NE 681025001	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BATCHELDER, DAVID H ONE CONAGRA DRIVE OMAHA, NE 681025001	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEO/P/D Gary M. Rodkin One ConAgra Drive Omaha, NE 68102-5001	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V Randall D. Harvey One ConAgra Drive Omaha, NE 68102-5001	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR **Vice President, Tax**

Date **4/18/06** (402) 595-4553
Daytime Phone #

ATTACHMENT

ConAgra
Foods®

60029294
836694

ConAgra Foods, Inc.
Corporate Tax Department
One ConAgra Drive - CC-237
Omaha, NE 68102-5001

TEL: 402-595-4000
FAX: 402-595-4711

April 17, 2006

Via Certified Mail/Return Receipt Requested
No. 7003 2260 0004 3890 7766

Division of Corporations
P.O. Box 1500
Tallahassee, FL 32302-1500

RE: ConAgra Foods, Inc.
ConAgra Foods Export Company
ConAgra International Fertilizer Company
ConAgra Trade Group, Inc.
ConAgra Foods Food Ingredients Company, Inc.
ConAgra Foods Packaged Foods Company, Inc.
ConAgra Shared Purchasing, Inc.

Greetings:

Enclosed please find the following:

Federal Income Tax Return	_____	Unclaimed Property Report	_____
State Income Tax Return	_____	Information Return	_____
City Income Tax Return	_____	Assessment of Shares	_____
Extension	_____	Intangible Tax Return	_____
Estimate (P1, P2, P3, P4)	_____	2290 Hwy Use Tax Return	_____
Annual Report	X	720 Federal Excise Tax Return	_____
Franchise Tax Return	_____	Qualification	_____
Letter	_____	D/B/A	_____
Property Tax	_____	Notice of Penalty	_____
Notice of Interest	_____	Sales & Use Tax - Form 10	_____
Notice of Add'l Tax (SIT,CIT)	_____	Miscellaneous:	_____

Should you have any questions concerning the enclosed, please contact us at (402) 595-4000.

Respectfully,

Jill Grob

Jill Grob
Tax Paraprofessional