2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR) :

May 22, 2008 8:00 am Secretary of State **DOCUMENT # 836694** 1. Entity Name 05-22-2008 90020 047 ***150.00 CONAGRA FOODS, INC. Purcipal Place of Business Mailing Address ONE CONAGRA DRIVE ONE CONAGRA DRIVE CC241 OMAHA NE 68102-5001 OMAHA NE 68102-5001 2. Principal Place of Business - No P.C. Box # 3. Ma'ling Address Suite, Apt. #, etc. Suite. Apt. #, etc. 1st MOORE CR2E034 (10/07) City & State City & State 4. FEI Number Applied For 47-0248710 Not Applicable Zip Country Ζp Country \$8.75 Additional 5. Certificate of Status Desired П Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent THE PRENTICE-HALL CORPORATION SYSTEM INC. Street Address (P.O. Box Number is Not Acceptable) 1201 HAYS STREET SUITE 105 TALLAHASSEE FL 32301 Zip Code FL 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 Synatore, typed or printed name of registered acent and tale. Lampicable (NOTE: Eackstered Adopt containing required when sensitating) DATE FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2008 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 CEOP TITLE TITLE Decete Change Addition MARAS RODKIN, GARY M NAME STREET ADDRESS ONE CONAGRA DRIVE STREET ADDRESS OMAHA NE 68102-5001 CITY-SI-7P CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAMS HARVEY, RANDALL D NAME STREET ADDRESS ONE CONAGRA DRIVE STREET ADDRESS CITY-ST-2E OMAHA NE 68102-5001 CITY-ST-ZIP TITLE ☐ Delete TITLE Change ■ Addition NAME JOHNSON, OWEN C NAME STREET ADDRESS ONE CONAGRA DRIVE STREET ADDRESS CITY-ST-ZIP OMAHA NE 68102-5001 CITY-ST-ZIP TITLE ☐ Delete ☐ Change Addition GEHRING, JOHN F NAME ONE CONAGRA DRIVE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP OMAHA NE 68102-5001 CITY-ST-ZIP VPT TITLE ☐ De:ete TITLE ☐ Change ■ Addition MESSEL, SCOTT E NAME NAME ONE CONAGRA DRIVE STREET ADDRESS STREET ADDRESS OMAHA NE 68102-5001 CITY-ST-ZIP CITY-ST-ZIP Delete TITLE ☐ Change ☐ Addition BATCHELDER, DAVID H NAME NAME ONE CONAGRA DRIVE STREET ADDRESS STREET ADDRESS OMAHA NE 68102-5001 City St-7IP CITY ST-ZIP 12. Thereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information indicated on this report or suppliemental 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: Randall D. Harvey

NAME OF SIGNING DESIGNER OR DIRECTOR

SIGNATURE AND TYPED OR PR

(402) 595-4553

Daveme Phone #

FILED

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