

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
**May 08, 1999 8:00 am**  
**Secretary of State**

05-08-1999 90020 011 \*\*\*150.00

DOCUMENT # **847226**

1. Corporation Name

**SWIFT-ECKRICH, INC.**

Principal Place of Business

**2001 BUTTERFIELD RD  
DOWNERS GROVE IL 60515-1050**

Mailing Address

**2001 BUTTERFIELD RD  
DOWNERS GROVE IL 60515-1050**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

**10/16/1980**

4. FEI Number

**36-3083857**

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 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 HAYES ST  
STE 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 ☐ DELETE

TITLE **PD**  
NAME **LOCHMANN, L.O.**  
STREET ADDRESS **2001 BUTTERFIELD RD**  
CITY-ST-ZIP **DOWNERS GROVE IL 60515**

TITLE **V** ☐ DELETE

NAME **PISHA, AV**  
STREET ADDRESS **2001 BUTTERFIELD RD**  
CITY-ST-ZIP **DOWNERS GROVE IL**

TITLE **VS** ☐ DELETE

NAME **GOTT, D.C.**  
STREET ADDRESS **2001 BUTTERFIELD RD.**  
CITY-ST-ZIP **DOWNERS GROVE IL 60515**

TITLE **S** ☒ DELETE

NAME **BADBERG, S.**  
STREET ADDRESS **ONE CONAGRA DR**  
CITY-ST-ZIP **OMAHA NE 68102**

TITLE **V** ☐ DELETE

NAME **LIDDLE, RODNEY**  
STREET ADDRESS **2001 BUTTERFIELD RD**  
CITY-ST-ZIP **DOWNERS GROVE IL**

TITLE **V** ☒ DELETE

NAME **DILL, JOHN J.**  
STREET ADDRESS **ONE CONAGRA DR**  
CITY-ST-ZIP **OMAHA NE 68102**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☒ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☒ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

**S WITHERS DAVID G  
ONE CONAGRA DRIVE  
OMAHA NE 68102**

**DI FONZO KENNETH W  
ONE CONAGRA DRIVE  
OMAHA NE 68102**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)