

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 847226

1. Entity Name

SWIFT-ECKRICH, INC.

FILED

May 14, 2001 8:00 am
Secretary of State

05-14-2001 90009 042 ***150.00

Principal Place of Business

1 CONAGRA DRIVE
ATTN: TAX DEPT CC-237
OMAHA NE 68102-5001

Mailing Address

1 CONAGRA DRIVE
ATTN: TAX DEPT CC-237
OMAHA NE 68102-5001

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 36-3083857

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

THE PRENTICE HALL CORPORATION SYSTEM, INC
1201 HAYES ST
STE 105
TALLAHASSEE FL 32301

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD ☒ Delete
NAME MANUEL, THOMAS L
STREET ADDRESS 9 CONAGRA DRIVE
CITY-ST-ZIP OMAHA NE 68102-5001

TITLE PD ☐ Change ☒ Addition
NAME Harris, Timothy M.
STREET ADDRESS 4315 Lawn
CITY-ST-ZIP Western Springs, IL 60558

TITLE V ☐ Delete
NAME KEITH, DEBRA L
STREET ADDRESS 1 CONAGRA DRIVE
CITY-ST-ZIP OMAHA NE 68102-5001

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE VT ☒ Delete
NAME HARTY, LINDA S
STREET ADDRESS 1 CONAGRA DRIVE
CITY-ST-ZIP OMAHA NE 68102-5001

TITLE VT ☐ Change ☒ Addition
NAME O'Donnell, James P.
STREET ADDRESS 1126 South 181st Plaza
CITY-ST-ZIP Omaha NE 68130

TITLE VS ☐ Delete
NAME O'DONNELL, JAMES P
STREET ADDRESS ONE CONAGRA DR
CITY-ST-ZIP OMAHA NE 68102-5001

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE VC ☐ Delete
NAME BOLDING, JAY D
STREET ADDRESS 1 CONAGRA DRIVE
CITY-ST-ZIP OMAHA NE 68102-5001

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☐ Delete
NAME PETERS, D T
STREET ADDRESS 1500 N TOWER 1 CENTRAL PARK
CITY-ST-ZIP OMAHA NE 68102

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

13. 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 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Debra L Keith

Debra L. Keith

04/24/01

(402) 595-4553

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)