

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 19, 2004 8:00 am
Secretary of State

04-19-2004 90341 017 ***150.00

DOCUMENT # 847226

1. Entity Name

CONAGRA FOODS REFRIGERATED FOODS CO., INC.



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. 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, 2004 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD ☒ Delete
NAME HARRIS, TIMOTHY M
STREET ADDRESS 4315 LAWN
CITY-ST-ZIP WESTERN SPRINGS IL 60558

TITLE P ☐ Change ☒ Addition
NAME SCALISE, RICHARD G
STREET ADDRESS 2001 BUTTERFIELD ROAD
CITY-ST-ZIP DOWNERS GROVE, IL 60515

TITLE VPD ☐ 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 VTD ☒ Delete
NAME O'DONNELL, JAMES P
STREET ADDRESS 1126 SOUTH 181ST PLAZA
CITY-ST-ZIP OMAHA NE 68130

TITLE V, T, AS ☐ Change ☒ Addition
NAME MESSEL, SCOTT E.
STREET ADDRESS ONE CONAGRA DRIVE
CITY-ST-ZIP OMAHA, NE 68102

TITLE VPSD ☐ 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 VPCD ☐ 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 V, AS ☐ Change ☒ Addition
NAME GOTT, DENNIS C
STREET ADDRESS 2001 BUTTERFIELD ROAD
CITY-ST-ZIP DOWNERS GROVE, IL 60515

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Debra L Keith

Debra L. Keith

April 7, 2004

(402) 595-4553

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #