2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 11, 2001 8:00 am
Secretary of State
05-11-2001 90453 034 ***150.00

0631834

DOCUMENT # F00000000476

1. Entity Name

MONFORT, INC.

Principal Place of Business	Mailing Address
ONE CONAGRA DRIVE. CC-242 OMAHA NE 68102-5001	ONE CONAGRA DRIVE. CC-242 OMAHA NE 68102-5001

D0049717

DO NOT WRITE IN THIS SPACE

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 84-0589412 ☐ 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 HAYS STREET 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 / NAME / STREET ADDRESS / CITY-ST-ZIP	PD SIMONS, JOHN N 1900 AA STREET GREELEY CO 80632-2480	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VSD O'DONNELL, JAMES P ONE CONAGRA DRIVE OMAHA NE 68102-5001	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V KEITH, DEBRA L ONE CONAGRA DRIVE OMAHA NE 68102-5001	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V LIDDLE, RODNEY T ONE CONAGRA DRIVE OMAHA NE 68102-5001	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP- Controller/Director Bolding, Jay D. 1625 N 128th ST Omaha NE 68154	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V PROSSER, EDWARD F ONE CONAGRA DRIVE OMAHA NE 68102-5001	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP-Secretary O'Donnell, James P 1126 South 181st Plaza Omaha NE 68130	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V WHITE, GARY ONE CONAGRA DRIVE OMAHA NE 68102-5001	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

CR2E034 (10/00)

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 #