


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

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

04-19-2004 90341 021 \*\*\*150.00

<b>DOCUMENT # F02000001862</b>	
1. Entity Name <b>CONAGRA GROCERY PRODUCTS COMPANY</b>	

Principal Place of Business <b>ONE CONAGRA DRIVE, CC-237 OMAHA NE 68102</b>	Mailing Address <b>ONE CONAGRA DRIVE, CC-237 OMAHA NE 68102</b>
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**24047530**



MOORE CR2E034 (11/03)

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 <b>47-0834156</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
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<b>6. Name and Address of Current Registered Agent</b>
<b>PRENTICE-HALL CORP. SYSTEM, INC. 1201 HAYS STREET TALLAHASSEE FL 32301</b>

<b>7. Name and Address of New Registered Agent</b>
Name
Street Address (P.O. Box Number is Not Acceptable)
City <b>FL</b> 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 \_\_\_\_\_ (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	
TITLE	P <input type="checkbox"/> Delete
NAME	OBRIEN, DENNIS
STREET ADDRESS	3353 MICHELSON DRIVE
CITY-ST-ZIP	IRVINE CA 92612
TITLE	VSD <input type="checkbox"/> Delete
NAME	O'DONNELL, JAMES P
STREET ADDRESS	ONE CONAGRA DRIVE
CITY-ST-ZIP	OMAHA NE 68102-5001
TITLE	VCD <input type="checkbox"/> Delete
NAME	BOLDING, JAY D
STREET ADDRESS	ONE CONAGRE DRIVE
CITY-ST-ZIP	OMAHA NE 68102-5001
TITLE	V <input type="checkbox"/> Delete
NAME	DIFONZO, KENNETH W
STREET ADDRESS	3353 MICHELSON DRIVE
CITY-ST-ZIP	IRVINE CA 92612
TITLE	VD <input type="checkbox"/> Delete
NAME	COSLEE, DWIGHT J
STREET ADDRESS	ONE CONAGRA DRIVE
CITY-ST-ZIP	OMAHA NE 68102-5011
TITLE	V <input type="checkbox"/> Delete
NAME	KEITH, DEBRA LYNN
STREET ADDRESS	ONE CONAGRA DRIVE
CITY-ST-ZIP	OMAHA NE 68102

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VCD
STREET ADDRESS	BOLDING, JAY D
CITY-ST-ZIP	ONE CONAGRA DRIVE (ConAgra misspelled in #10) OMAHA, NE 68102-5001
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VD
STREET ADDRESS	GOSLEE, DWIGHT J (last name starts with a G not C)
CITY-ST-ZIP	ONE CONAGRA DRIVE OMAHA, NE 68102-5001
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

April 7, 2004 (402) 595-4553  
Date Daytime Phone #