

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 26, 2005 8:00 am**  
**Secretary of State**

04-26-2005 90147 041 \*\*\*150.00

**DOCUMENT # F02000001862**

1. Entity Name  
**CONAGRA GROCERY PRODUCTS COMPANY**



Principal Place of Business  
**ONE CONAGRA DRIVE, CC-237  
OMAHA, NE 68102**

Mailing Address  
**ONE CONAGRA DRIVE, CC-237  
OMAHA, NE 68102**

**40066860**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

04112005 Chg-P CR2E034 (10/03)

City & State

City & State

4. FEI Number  
**47-0834156**

Applied For  
Not Applicable

Zip

Country

Zip

Country

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

**PRENTICE-HALL CORP. 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. 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, 2005 Fee will be \$550.00**

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 **P** ☐ Delete  
NAME **OBRIEN, DENNIS**  
STREET ADDRESS **3353 MICHELSON DRIVE**  
CITY-ST-ZIP **IRVINE, CA 92612**

TITLE **P** ☒ Change ☐ Addition  
NAME **O'BRIEN, DENNIS F.**  
STREET ADDRESS **FIVE CONAGRA DRIVE**  
CITY-ST-ZIP **OMAHA, NE 68102-5001**

TITLE **VSD** ☒ Delete  
NAME **O'DONNELL, JAMES P**  
STREET ADDRESS **ONE CONAGRA DRIVE**  
CITY-ST-ZIP **OMAHA, NE 681025001**

TITLE **V/D** ☐ Change ☒ Addition  
NAME **GEHRING, JOHN F.**  
STREET ADDRESS **ONE CONAGRA DRIVE**  
CITY-ST-ZIP **OMAHA, NE 68102-5001**

TITLE **VCD** ☒ Delete  
NAME **BOLDING, JAY D**  
STREET ADDRESS **ONE CONAGRA DRIVE**  
CITY-ST-ZIP **OMAHA, NE 681025001**

TITLE **V/T/S/D** ☐ Change ☒ Addition  
NAME **MESSEL, SCOTT E.**  
STREET ADDRESS **ONE CONAGRA DRIVE**  
CITY-ST-ZIP **OMAHA, NE 68102-5001**

TITLE **V** ☒ Delete  
NAME **DIFONZO, KENNETH W**  
STREET ADDRESS **3353 MICHELSON DRIVE**  
CITY-ST-ZIP **IRVINE, CA 92612**

TITLE **V** ☐ Change ☒ Addition  
NAME **SANDERS, ANTHONY M.**  
STREET ADDRESS **ELEVEN CONAGRA DRIVE**  
CITY-ST-ZIP **OMAHA, NE 68102-5001**

TITLE **VD** ☐ Delete  
NAME **GOSLEE, DWIGHT J**  
STREET ADDRESS **ONE CONAGRA DRIVE**  
CITY-ST-ZIP **OMAHA, NE 681025011**

TITLE **V** ☒ Change ☐ Addition  
NAME **GOSLEE, DWIGHT J.**  
STREET ADDRESS **ONE CONAGRA DRIVE**  
CITY-ST-ZIP **OMAHA, NE 68102-5001**

TITLE **V** ☒ Delete  
NAME **KEITH, DEBRA LYNN**  
STREET ADDRESS **ONE CONAGRA DRIVE**  
CITY-ST-ZIP **OMAHA, NE 68102**

TITLE **V** ☐ Change ☒ Addition  
NAME **SKLARSKY, FRANK S.**  
STREET ADDRESS **ONE CONAGRA DRIVE**  
CITY-ST-ZIP **OMAHA, NE 68102-5001**

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:**

*Dwight J. Goslee*

**Dwight J. Goslee**

**4/20/05**

**(402) 595-4553**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #