

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 28, 2003 8:00 am
Secretary of State

04-28-2003 91295 042 ***150.00

0662597 AT

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

11063809



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

☐ CHECK HERE IF MAKING CHANGES

Zip

Country

Zip

Country

4. FEI Number

47-0834156

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

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, 2003 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 P
NAME DERIGGI, RAYMOND J
STREET ADDRESS 3353 MICHELSON DRIVE
CITY-ST-ZIP IRVINE CA 92612 ☒ Delete

TITLE P
NAME O'Brien, Dennis
STREET ADDRESS 3353 Michelson Drive
CITY-ST-ZIP Irvine, CA 92612 ☐ Change ☒ Addition

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

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

TITLE V
NAME BOLDING, JAY D
STREET ADDRESS ONE CONAGRA DRIVE, CC-345
CITY-ST-ZIP OMAHA NE 68102 ☐ Delete

TITLE V/C/D
NAME Bolding, Jay D
STREET ADDRESS One ConAgra Drive
CITY-ST-ZIP Omaha, NE 68102-5001 ☒ Change ☐ Addition

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

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

TITLE V
NAME GOSLEE, DWIGHT J
STREET ADDRESS ONE CONAGRA DRIVE
CITY-ST-ZIP OMAHA NE 68102 ☐ Delete

TITLE V/D
NAME Goslee, Dwight J
STREET ADDRESS One ConAgra Drive
CITY-ST-ZIP Omaha, NE 68102-5001 ☒ Change ☐ Addition

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

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

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 22, 2003

(402) 595-4206

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CP2E034 (10/02)