

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 09, 2004 8:00 am
Secretary of State

02-25-2004 90031 040 ***150.00

DOCUMENT # F03000003486

1. Entity Name

LOVELAND PRODUCTS, INC.



Principal Place of Business

ONE CONAGRA DRIVE
OMAHA NE 68102

Mailing Address

ONE CONAGRA DRIVE
OMAHA NE 68102

2. Principal Place of Business

7251 W 4th Street

Suite, Apt. #, etc.

3. Mailing Address

7251 W 4th Street

Suite, Apt. #, etc.



MOORE CR2E034 (11/03)

City & State

Greeley CO

Zip
80634

Country
USA

City & State

Greeley CO

Zip
80634

Country
USA

4. FEI Number

47-0736713

Applied For

☒ Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

THE PRENTICE-HALL CORPORATION SYSTEM, INC.
1201-HAYS STREET
TALLAHASSEE FL 32301

7. Name and Address of New Registered Agent

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 showing 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

530004000

3102 EXEC

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE P ☐ Delete
NAME WILSON, BRYAN S
STREET ADDRESS 7251 W. 4TH STREET
CITY-ST-ZIP GREELEY CO 80634

TITLE VD ☒ Delete
NAME BOLDING, JAY D
STREET ADDRESS ONE 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 68102-5001

TITLE V ☒ Delete
NAME KEITH, DEBRA L
STREET ADDRESS ONE CONAGRA DRIVE
CITY-ST-ZIP OMAHA NE 68102-5001

TITLE VT ☒ Delete
NAME MESSEL, SCOTT E
STREET ADDRESS ONE CONAGRA DRIVE
CITY-ST-ZIP OMAHA NE 68102-5001

TITLE D ☒ Delete
NAME HECKMAN, GREGORY A
STREET ADDRESS ELEVEN CONAGRA DRIVE
CITY-ST-ZIP OMAHA NE 68102-5001

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE Executive Vice President ☐ Change ☒ Addition
NAME Dave Bullock
STREET ADDRESS 7251 W. 4th Street
CITY-ST-ZIP Greeley, CO 80634

TITLE VP + Secretary ☐ Change ☒ Addition
NAME Todd A. Suko
STREET ADDRESS 7251 W. 4th Street
CITY-ST-ZIP Greeley, CO 80634

TITLE Asst. Secretary ☐ Change ☒ Addition
NAME Jeff Novak
STREET ADDRESS 7251 W. 4th Street
CITY-ST-ZIP Greeley, CO 80634

TITLE ☐ Change ☒ Addition
NAME Gina Underwood
STREET ADDRESS 7251 W. 4th Street
CITY-ST-ZIP Greeley, CO 80634

TITLE ☐ Change ☒ Addition
NAME Doug Green
STREET ADDRESS 7251 W. 4th Street
CITY-ST-ZIP Greeley, CO 80634

TITLE ☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/18/04

Date

970 347 1516

Daytime Phone #

Attach copy