


2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

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

04-19-2004 90341 020 ***150.00

DOCUMENT # F03000005918			
1. Entity Name CONAGRA TRADE GROUP, INC.			
Principal Place of Business ONE CONAGRA DRIVE CC-237 OMAHA NE 68102-5001		Mailing Address ONE CONAGRA DRIVE CC-237 OMAHA NE 68102-5001	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

24047531



MOORE CR2E034 (11/03)

4. FEI Number 47-0794813		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE FL 32301-2525		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 _____ (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. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE	P	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	HECKMAN, GREGORY A			NAME			
STREET ADDRESS	11 CONAGRA DRIVE			STREET ADDRESS			
CITY-ST-ZIP	OMAHA NE 68102-5001			CITY-ST-ZIP			
TITLE	VCFO	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	HIGGINS, MARTIN P			NAME			
STREET ADDRESS	11 CONAGRA DRIVE			STREET ADDRESS			
CITY-ST-ZIP	OMAHA NE 68102-5001			CITY-ST-ZIP			
TITLE	VD	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BOLDING, JAY D			NAME			
STREET ADDRESS	ONE CONAGRA DRIVE			STREET ADDRESS			
CITY-ST-ZIP	OMAHA NE 68102-5001			CITY-ST-ZIP			
TITLE	VS	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	O'DONNELL, JAMES P.			NAME			
STREET ADDRESS	ONE CONAGRA DRIVE			STREET ADDRESS			
CITY-ST-ZIP	OMAHA NE 68102-5001			CITY-ST-ZIP			
TITLE	V	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	STIEREN, DENNIS S			NAME			
STREET ADDRESS	11 CONAGRA DRIVE			STREET ADDRESS			
CITY-ST-ZIP	OMAHA NE 68102-5001			CITY-ST-ZIP			
TITLE	V	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	KEITH, DEBRA L			NAME			
STREET ADDRESS	ONE CONAGRA DRIVE			STREET ADDRESS			
CITY-ST-ZIP	OMAHA NE 68102-5001			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 April 7, 2004 (402) 595-4553
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #