

2005 FOR PROFIT CORPORATION ANNUAL REPORT

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

04-26-2005 90153 024 ***150.00

DOCUMENT # F03000005918

1. Entity Name
CONAGRA TRADE GROUP, INC.



40067177

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

04112005 Chg-P CR2E034 (10/03)

4. FEI Number
47-0794813

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

**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

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
NAME
STREET ADDRESS
CITY-ST-ZIP
**P
HECKMAN, GREGORY A
11 CONAGRA DRIVE
OMAHA, NE 681025001** ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VCFO
HIGGINS, MARTIN P
11 CONAGRA DRIVE
OMAHA, NE 681025001** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**V
HIGGINS, MARTIN P.
ELEVEN CONAGRA DRIVE
OMAHA, NE 68102-5001** ☒ Change ☐ Addition

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

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

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

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**V
STIEREN, DENNIS S
11 CONAGRA DRIVE
OMAHA, NE 681025001** ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**V
KEITH, DEBRA L
ONE CONAGRA DRIVE
OMAHA, NE 681025001** ☒ Delete

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Dwight J. Goslee

Date

(402) 595-4553

Daytime Phone #