
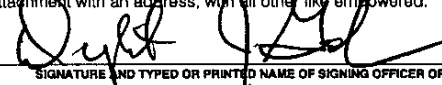


**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

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

04-26-2005 90153 024 \*\*\*150.00

<b>DOCUMENT # F03000005918</b>			
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
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 CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525		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 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, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
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 681025001	CITY-ST-ZIP	
TITLE	VCFO <input type="checkbox"/> Delete	TITLE	V <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HIGGINS, MARTIN P	NAME	HIGGINS, MARTIN P.
STREET ADDRESS	11 CONAGRA DRIVE	STREET ADDRESS	ELEVEN CONAGRA DRIVE
CITY-ST-ZIP	OMAHA, NE 681025001	CITY-ST-ZIP	OMAHA, NE 68102-5001
TITLE	VD <input checked="" type="checkbox"/> Delete	TITLE	V <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BOLDING, JAY D	NAME	GOSLEE, DWIGHT J.
STREET ADDRESS	ONE CONAGRA DRIVE	STREET ADDRESS	ONE CONAGRA DRIVE
CITY-ST-ZIP	OMAHA, NE 681025001	CITY-ST-ZIP	OMAHA, NE 68102-5001
TITLE	VS <input checked="" type="checkbox"/> Delete	TITLE	V/T/S/D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	O'DONNELL, JAMES P	NAME	MESSEL, SCOTT E.
STREET ADDRESS	ONE CONAGRA DRIVE	STREET ADDRESS	ONE CONAGRA DRIVE
CITY-ST-ZIP	OMAHA, NE 681025001	CITY-ST-ZIP	OMAHA, NE 68102-5001
TITLE	V <input type="checkbox"/> Delete	TITLE	
NAME	STIEREN, DENNIS S	NAME	
STREET ADDRESS	11 CONAGRA DRIVE	STREET ADDRESS	
CITY-ST-ZIP	OMAHA, NE 681025001	CITY-ST-ZIP	
TITLE	V <input checked="" type="checkbox"/> Delete	TITLE	V/D/CONTROLLER <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	KEITH, DEBRA L	NAME	GEHRING, JOHN F.
STREET ADDRESS	ONE CONAGRA DRIVE	STREET ADDRESS	ONE CONAGRA DRIVE
CITY-ST-ZIP	OMAHA, NE 681025001	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 4/20/05 (402) 595-4553	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	

90067177



04112005 Chg-P CR2E034 (10/03)