
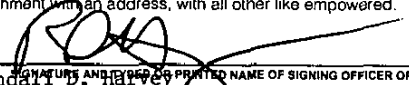


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 24, 2006 8:00 am
Secretary of State

04-24-2006 90352 029 ***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	4. FEI Number 47-0794813	
				Applied For 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 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	V	<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 681025001		CITY-ST-ZIP		
TITLE	V	<input checked="" type="checkbox"/> Delete	TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GOSLEE, DWIGHT J		NAME	Randall D. Harvey	
STREET ADDRESS	ONE CONAGRA DRIVE		STREET ADDRESS	One ConAgra Drive	
CITY-ST-ZIP	OMAHA, NE 681025001		CITY-ST-ZIP	Omaha, NE 68102-5001	
TITLE	VTSD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MESSEL, SCOTT E		NAME		
STREET ADDRESS	ONE CONAGRA DRIVE		STREET ADDRESS		
CITY-ST-ZIP	OMAHA, NE 681025001		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 681025001		CITY-ST-ZIP		
TITLE	VDC	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	GEHRING, JOHN P		NAME		
STREET ADDRESS	ONE CONAGRA DRIVE		STREET ADDRESS		
CITY-ST-ZIP	OMAHA, NE 681025001		CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: 			Vice President, Tax <i>4/18/06</i> (402) 595-4553		
Randall D. Harvey			Date		
			Daytime Phone #		

60029296



04142006 Chg-P CR2E034 (11/05)