

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

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

04-24-2006 90352 027 \*\*\*150.00

**DOCUMENT # F04000003765**

1. Entity Name  
**CONAGRA FOODS PACKAGED FOODS COMPANY, INC.**



Principal Place of Business  
**ONE CONAGRA DRIVE  
OMAHA, NE 68102**

Mailing Address  
**ONE CONAGRA DRIVE  
OMAHA, NE 68102**

**60029298**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

04142006

Chg-P

CR2E034 (11/05)

4. FEI Number  
**20-1248880**

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

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

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, 2006 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  
GOSLEE, DWIGHT J  
ONE CONAGRA DRIVE  
OMAHA, NE 68102** ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**P/D  
Owen C. Johnson  
One ConAgra Drive  
Omaha, NE 68102-5001** ☐ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D  
GEHRING, JOHN F  
ONE CONAGRA DRIVE  
OMAHA, NE 681025001** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**V/D  
John F. Gehring  
One ConAgra Drive  
Omaha, NE 68102-5001** ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**V  
LUTZ, ALLAN B  
NINE CONAGRA DRIVE  
OMAHA, NE 681025001** ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**V  
Randall D. Harvey  
One ConAgra Drive  
Omaha, NE 68102-5001** ☐ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**VSTD  
MESSEL, SCOTT E  
ONE CONAGRA DRIVE  
OMAHA, NE 68102** ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**V  
O'BRIEN, DENNIS F  
FIVE CONAGRA DRIVE  
OMAHA, NE 681025001** ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**V  
Gregory A. Heckman  
Eleven ConAgra Drive  
Omaha, NE 68102-5001** ☐ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**VP  
SANDERS, ANTHONY M  
ELEVEN CONAGRA DRIVE  
OMAHA, NE 681025001** ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**V  
R. Dean Hollis  
Five ConAgra Drive  
Omaha, NE 68102-5001** ☐ Change ☒ Addition

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:

*[Signature]*  
Randall D. Harvey

Vice President

*4/18/06*

(402) 595-4553

Date

Daytime Phone #