

2006 FOR PROFIT CORPORATION ANNUAL REPORT

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

04-24-2006 90352 001 ***150.00

DOCUMENT # F05000001508

1. Entity Name
CONAGRA FOODS EXPORT COMPANY, 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**

60029300



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

20-1248952

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, 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 681025001** ☒ 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
**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 681025001** ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**V
SANDERS, ANTHONY M
ELEVEN 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
**V
SKLARSKY, FRANK S
ELEVEN CONAGRA DRIVE
OMAHA, NE 681025001** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**V
Frank S. Sklarsky
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 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

(402) 595-4553

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Randall D. Harvey

4/18/06