

2006-FOR PROFIT CORPORATION ANNUAL REPORT

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

04-24-2006 90352 030 ***150.00

DOCUMENT # F05000005855

1. Entity Name
CONAGRA INTERNATIONAL FERTILIZER COMPANY



Principal Place of Business
**ONE CONAGRA DRIVE CC-237
OMAHA, NE 68102-5001**

Mailing Address
**ONE CONAGRA DRIVE CC-237
OMAHA, NE 68102-5001**

60029295



04142006 Chg-P CR2E034 (11/05)

4. FEI Number
47-0702552

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$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

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 PD
NAME HECKMAN, GREGORY A
STREET ADDRESS ELEVEN CONAGRA DRIVE
CITY-ST-ZIP OMAHA, NE 68102 ☐ Delete

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

TITLE DVP
NAME GEHRING, JOHN F
STREET ADDRESS ONE CONAGRA DRIVE CC-237
CITY-ST-ZIP OMAHA, NE 681025001 ☐ Delete

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

TITLE D
NAME JOHNSON, OWEN C
STREET ADDRESS ONE CONAGRA DRIVE CC-237
CITY-ST-ZIP OMAHA, NE 681025001 ☐ Delete

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

TITLE DVTS
NAME MESSEL, SCOTT E
STREET ADDRESS ONE CONAGRA DRIVE CC-237
CITY-ST-ZIP OMAHA, NE 681025001 ☐ Delete

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

TITLE VP
NAME HARLANDER, BRIAN D
STREET ADDRESS 5 SKIDAWAY VILLAGE WALK
CITY-ST-ZIP SAVANNAH, GA 31411 ☐ Delete

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

TITLE VP
NAME SANDERS, ANTHONY M
STREET ADDRESS ONE CONAGRA DRIVE CC-237
CITY-ST-ZIP OMAHA, NE 681025001 ☒ Delete

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

Randall D. Harvey

Date

Daytime Phone #