2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F07000002759

Entity Name: CONAGRA FOODS ENTERPRISE SERVICES, INC.

FILED Apr 17, 2009 Secretary of State

Current Principal Place of Business:			New Princ	New Principal Place of Business:		
ONE CONAGRA DR 1-237 OMAHA, NE 681025001				ONE CONAGRA DR 1-237 OMAHA, NE 68102		
Current Mailing Address:			New Maili	New Mailing Address:		
ONE CONAGRA DR 1-237 OMAHA, NE 681025001				ONE CONAGRA DR 1-237 OMAHA, NE 68102		
FEI Number:	20-8595574	FEI Number Applied For () FE	l Number Not Appl	icable ()	Certificate of Status Desired ()	
Name and	Address of C	urrent Registered Agent:	Name and	Address of Ne	ew Registered Agent:	
1201 HAYS TALLAHAS	STREET SEE, FL 3230	DRPORATION SYSTEM, INC. 1 US ubmits this statement for the purpo	se of changing it	ts registered off	ice or registered agent or both	
in the State					ico en regionarea agent, en bean,	
SIGNATUR	:E:					
	Electroni	c Signature of Registered Agent			Date	
Election Cam	paign Financing	Trust Fund Contribution ().				
OFFICERS AND DIRECTORS:			ADDITION	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Title: Name: Address: City-St-Zip:	D () GEHRING, JOHN ONE CONAGRA OMAHA, NE 68	DR	Title: Name: Address: City-St-Zip:	DV (X) (GEHRING, JOHN ONE CONAGRA OMAHA, NE 681	DR	
Title: Name: Address: City-St-Zip:	PD () KNOWLES, LEC ONE CONAGRA OMAHA, NE 68	DRIVE	Title: Name: Address: City-St-Zip:	()(Change () Addition	
Title: Name: Address: City-St-Zip:	D () MESSEL, SCOT ONE CONAGRA OMAHA, NE 68°	DR	Title: Name: Address: City-St-Zip:	MESSEL, SCOT ONE CONAGRA	DR	
Title: Name: Address: City-St-Zip:	V () HARVEY, RAND, ONE CONAGRA OMAHA, NE 68	DRIVE	Title: Name: Address: City-St-Zip:	()(Change()Addition	
Title: Name: Address: City-St-Zip:	V () BECK, TRACEY FOVE CONAGRA OMAHA, NE 68	A DR	Title: Name: Address: City-St-Zip:	V (X) 0 BECK, TRACEY FIVE CONAGRA OMAHA, NE 681	DR	
Title: Name: Address: City-St-Zip:	V () BOLLES, AL D SIX CONAGRA I OMAHA, NE 68		Title: Name: Address: City-St-Zip:	V (X) 0 BOLLES, AL D SIX CONAGRA D OMAHA, NE 681		

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: RANDALL D. HARVEY V 04/17/2009