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Apr 27, 1999 8:00 am
Secretary of State

04-27-1999 90208 029 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # **F94000006064**

1. Corporation Name
BEATRICE CHEESE, INC.



Principal Place of Business
**770 N SPRINGDALE RD
 WAUKESHA WI 53186
 US**

Mailing Address
**770 N SPRINGDALE RD
 WAUKESHA WI 53186
 US**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
 21 Suite, Apt. #, etc.
 22 City & State
 23 Zip
 24 Country

2a. Mailing Address
 26 Suite, Apt. #, etc.
 27 City & State
 28 Zip
 29 Country

3. Date Incorporated or Qualified
11/28/1994

4. FEI Number
13-3346703

5. Certificate of Status Desired Applied For
 No: Applicable
\$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution **\$5.00** May Be Added to Fees

8. This corporation owes the current year intangible Personal Property Tax. Yes No

9. Name and Address of Current Registered Agent
**THE PRENTICE-HALL CORPORATION SYSTEM, INC.
 1201 HAYS STREET
 TALLAHASSEE FL 32301**

10. Name and Address of New Registered Agent
 81 Name
 82 Street Address (P.O. Box: Number is Not Acceptable)
 83
 84 City
FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.050 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ Signature, typed or printed name of registered agent and title if applicable (NO E-Registered Agent signature required when reinstating) _____ DATE _____

12. OFFICERS AND DIRECTORS

| | | |
|----------------|-------------------------------|--|
| TITLE | P | <input checked="" type="checkbox"/> DELETE |
| NAME | RUDA, KEVIN | |
| STREET ADDRESS | 770 N SPRINGDALE RD | |
| CITY-ST-ZIP | WAUKESHA WI 53186 | |
| TITLE | V | <input checked="" type="checkbox"/> DELETE |
| NAME | DILL, JOHN J | |
| STREET ADDRESS | 326 SOUTH 124TH ST. | |
| CITY-ST-ZIP | OMAHA NE 68144 | |
| TITLE | VPS | <input checked="" type="checkbox"/> DELETE |
| NAME | CASEY, WALT C | |
| STREET ADDRESS | 414 MARTIN DR N | |
| CITY-ST-ZIP | BELLEVUE NE 68005 | |
| TITLE | AS | <input type="checkbox"/> DELETE |
| NAME | BADBERG, SUE | |
| STREET ADDRESS | 1245 N 13TH ST | |
| CITY-ST-ZIP | NEBRASKA CITY NE 68410 | |
| TITLE | D | <input type="checkbox"/> DELETE |
| NAME | PETERS, DAVID T | |
| STREET ADDRESS | 206 S 121ST ST. | |
| CITY-ST-ZIP | OMAHA NE 68154 | |
| TITLE | DVP | <input type="checkbox"/> DELETE |
| NAME | DIFONZO, KENW | |
| STREET ADDRESS | 16646 HOWARD CIR | |
| CITY-ST-ZIP | OMAHA NE 68118 | |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| | |
|--------------------|--|
| 1.1 TITLE | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 1.2 NAME | PRESIDENT |
| 1.3 STREET ADDRESS | RUSSELL BRAGG |
| 1.4 CITY-ST-ZIP | 770 N SPRINGDALE ROAD |
| 2.1 TITLE | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 2.2 NAME | VIP |
| 2.3 STREET ADDRESS | DEBRA L. KEITH |
| 2.4 CITY-ST-ZIP | ONE CONAGRA DRIVE |
| 3.1 TITLE | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 3.2 NAME | VIP SECRETARY |
| 3.3 STREET ADDRESS | JAMES P. O'DONNELL |
| 3.4 CITY-ST-ZIP | ONE CONAGRA DRIVE |
| 4.1 TITLE | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 4.2 NAME | ASST. SEC. - C.F.O. |
| 4.3 STREET ADDRESS | PAUL PEITZSCH |
| 4.4 CITY-ST-ZIP | 770 N SPRINGDALE ROAD |
| 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5.2 NAME | |
| 5.3 STREET ADDRESS | |
| 5.4 CITY-ST-ZIP | |
| 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 6.2 NAME | |
| 6.3 STREET ADDRESS | |
| 6.4 CITY-ST-ZIP | |

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *X [Signature]* DATE: **4-21-99** DAYTIME PHONE #: **414 782 2750**

CR2E034 (1/98)