Apr 27, 1999 8:00 am Secretary of State

04-27-1999 90208 029 ***150.00

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # F9400006064

BEATRICE CHEESE, INC.

Principal Place of Business Mailing Address					·	- I I I I I I I I I I I I I I I I I I I	I BRITA BILLI ARITA	Elini erat seat	
770 N SPRINGDALE RD		770 N SPRINGDALE RD							
WAUKESHA WI 53186		WAUKESHA WI 53186				DO NOT WRITE IN TEIS SPACE			
US		US				3. Date Incorporated or Qualifed			
						11/28/1994			
2. Principal P	lace of Business	2a. Mailing Address				4. FEI Number	Ар	plied For	
21	1000 07 00011000	26				13-3346703	No	t Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.					\$8.75 A	dditional	
22		27				5. Certificate of Status Desired	Fee Re	quired	
City & 5 tat	e	City & State				6. Electic n Campaign Financing	\$5.00	•	
23		28				Trust Fund Contribution	Added t	o Fees	}
Zip				Country		8. This corporation owes the current year	_	□No	
24	25	29	30]			Personal Property Tax. 10. Name and Address of New Registere	Yes		┨
	9. Name and Address of Curre	n: Registered Agent		81	Name	10. Name and Address of New Registers	u Agein		1
THE	PRENTICE-HALL CORPORATION	N SYSTEM, INC.		<u> </u>					1
	HAYS STREET	, , o , o , o , o , o , o , o , o , o ,		82	Street Aild	Idress (P.O. Box Number is Not Acceptable)			
	AHASSEE FL 32301			83					1
									1
			[-	84	City	F	85 Zip (ode	
11 Dureuant	to the provisions of Sactions 607.05	02 and 607 1508. Florida Stati	utes, the ab	ove	-named corr	poration subm ts this statement for the purpose	of changing its	egistered	1
office or r	egistered agent, or both, in the State	of Florida. Such change was	authorized	by t	he corporat	ion's board of directors. I hereby accept the app	ointment as re	c istered	ŀ
agent. I a	m familiar with, and accept the oblig	ations of, Section 607.0000, F	igrica Statui	ies.					
SIGNATURE	Signature, typed or printed name of registered ag	en and title if applicable (NO	E: Registered A	Agent	signature requir	ed when reinstating DATE] ;
12.	OFFICERS AND DIRECTORS			13.		ADDITIONS/CHANGES TO OFFICERS] }
πιε	P	Ø DELETE	E 1.1 TITL			PRESIDENT	Change	Addition	3
NAME	RUDA, KEVIN		1.2 NAA	ИΕ	15	PUSSELL BRAGG 70 N SPRINGDALL ROAD			3
STREET ADDR :SS	f		1.3 STRE		ADDRESS 7	10 N SIMMADINE TIONS			ì
CITY-ST-ZIP	WAUKESHA WI 53186		1.4 CITY		ZIP V	JAUKESHA WI 53186		FT 4 4422	4
TITLE	V	□ DELETE	2.1 TiTL	E	ν	DEBRA L. KEITH	Change	Addition	Ι,
NAME	DILL, JOHN J		2.2 NAM			ONE CONAGRA DRIVE			
STREET ADDRESS			2.3 STF	2.3 STREET ADDRESS		anala de 6000			
CITY-ST-ZIP	OMAHA NE 68144	TA DELETE		2.4 CITY-ST-ZIP (7)		OMAHA NE 68105 TP-SECRETARY	[]Change	Addition	-
TITLE	VPS	-				2 0 0 0 0 10/F//	□ Glialige	E Addition	
NAME	CASEY, WALT C		3.2 NAM		-7	TAMES P. O'DONNELL WE CONAGRIA DRIVE			1
STREET ADOR!:SS	1				ADDRESS (7)	MAHA NE 68105			
CITY-ST-ZIP	BELLEVUE NE 68005		_	3.4. CITY-ST-ZIP		SST. SEC; - C.F.O.	Change	Addition	1
TITLE	AS SADDEDC SUE					DANC PETTSCH	_ ,		
NAME	BADBERG, SUE		4.21 0 00		ADDDESS /	70 N SPRINGDALL ROAL)		
STREET ADDR :SS	1245 N 13TH ST NEBRASKA CITY NE 68410				ADDRESS /	NAUKESHA WI 5318:	5		
CITY-ST-ZIP TITLE	D			4 City-St-ZiP		VIII 11 CONTINUE	☐ Change	Addition	1
NAME	PETERS, DAVID T		5.2 NAI				-		}
STREET ADDR :SS				REET	ADDRESS				
CITY-ST-ZIP	DMAHA NE 68154		5.4 CIT	5.4 CiTY-ST-ZIP					
TITLE	DVP	L 00104		.1 TITLE			Change	Addition	1
NAME	DIFONZO, KENW		6.2 NA	WE					
	s 16646 HOWARD CIR								

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.0 '(3)(i), Florida Statutes. I further pertify that the ir formation 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 change I, of on an attachment with an address, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE: χ

CITY-ST-ZIP

OMAHA NE 68118

NG OFFICER OR DIRECTOR

414 782 2750