2004 FOR PROFIT CORPORATION **ANNUAL REPORT (AR)**

Apr 19, 2004 8:00 am Secretary of State DOCUMENT # F94000006064 1. Entity Name 04-19-2004 90341 015 ***150.00 CONAGRA DAIRY FOODS COMPANY Principal Place of Business Mailing Address ONE CONAGRA DRIVE CC-237 2001 BUTTERFIELD RD **DOWNERS GROVE IL 60515** OMAHA NE 68102-5001 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. MOORE CR2E034 (11/03) City & State City & State Applied For 4. FEI Number 13-3346703 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Г Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent THE PRENTICE-HALL CORPORATION SYSTEM, INC. Street Address (P.O. Box Number is Not Acceptable) 1201 HAYS STREET TALLAHASSEE FL 32301 City 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, 2004 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10 11. Change TITLE ☐ Delete TITLE Addition SCALISE, RICHARD & (middle int is a G not C) SCALISE, RICHARD C NAME NAME 2001 BUTTERFIELD ROAD STREET ADDRESS 2001 BUTTERFIELD ROAD STREET ADDRESS DOWNERS GROVE, IL 60515 DOWNERS GROVE IL 60515 CITY-ST-ZIP CITY-ST-ZIP Change ☐ Delete TITLE VAS Addition TITLE PEITZSCH, PAUL PEITZSCH, PAUL NAME NAME 12 SYLVAN GLEN COURT STREET ADDRESS 2001 BUTTERFIELD ROAD STREET ADDRESS BURR RIDGE, IL 60521 CITY-ST-ZIP **DOWNERS GROVE IL 60515** CITY-ST-ZIP VPD VPD Delete ☐ Addition KEITH, DEBRA-L. NAME KEITH, DEBRAL NAME ONE CONAGRA DRIVE STREET ADDRESS 1 CONAGRA DR STREET ADDRESS OMAHA, NE 68102 CITY-ST-ZIP CITY-ST-ZIP **OMAHA NE 68105** ☐ Delete TITLE TITLE ☐ Change ☐ Addition O'DONNELL, JAMES P NAME NAME STREET ADDRESS ONE CONAGRA DRIVE STREET ADDRESS CITY-ST-ZIP OMAHA NE 68102-5001 CITY-ST-ZIP **VPCD** TITLE ☐ Change Addition TITLE ☐ Delete BOLDING, JAY D NAME NAME ONE CONAGRA DRIVE STREET ADDRESS STREET ADDRESS OMAHA NE 68102-5001 CITY-ST-ZIP CITY-ST-7IP VPT TITLE ☐ Delete TITLE Change Addition MESSEL, SCOTT E NAME NAME ONE CONAGRA DRIVE STREET ADDRESS STREET ADDRESS OMAHA NE 68102-5001 CITY-ST-7IP CITY-ST-ZIP

FILED

April 7, 2004 (402) 595-4553 Debra L. Keith Nebra SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

12. 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 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.