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PROFIT CORPORATION ANNUAL REPORT

1996

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **F94000006638 (0)**

1. Corporation Name

ORE-IDA FOODS, INC.

Principal Place of Business	Mailing Address
220 WEST PARKCENTER BLVD. BOISE ID 83706	220 WEST PARKCENTER BLVD. BOISE ID 83706

3. Date Incorporated or Qualified: **12/28/1994**

3a. Date of Last Report: **06/27/1995**

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

4. FEI Number: **94-2475568** ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

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

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

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 607.0502 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 of New Registered Agent, if changing) (Name of New Registered Agent, Typed or Printed) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	VP	☐ DELETE	11 TITLE	V	☒ Change ☐ Addition
NAME	STORMS, KEVIN P		12 NAME		
STREET ADDRESS	220 WEST PARKCENTER BLVD		13 STREET ADDRESS		
CITY-ST-ZIP	BOISE ID		14 CITY-ST-ZIP		
TITLE	PD	☐ DELETE	21 TITLE		☐ Change ☐ Addition
NAME	WAMHOFF, RICHARD H		22 NAME		
STREET ADDRESS	220 WEST PARKCENTER BLVD		23 STREET ADDRESS		
CITY-ST-ZIP	BOISE ID		24 CITY-ST-ZIP		
TITLE	VTSD	☐ DELETE	31 TITLE		☐ Change ☐ Addition
NAME	WHITE, CHARLES C		32 NAME		
STREET ADDRESS	220 WEST PARKCENTER BLVD		33 STREET ADDRESS		
CITY-ST-ZIP	BOISE ID		34 CITY-ST-ZIP		
TITLE	AT	☐ DELETE	41 TITLE		☐ Change ☐ Addition
NAME	CAPONI, CATHERINE A.		42 NAME		
STREET ADDRESS	191 MEADOW FIELD LANE		43 STREET ADDRESS		
CITY-ST-ZIP	JEFFERSON BOROUGH PA		44 CITY-ST-ZIP		
TITLE	AT	☐ DELETE	51 TITLE		☐ Change ☐ Addition
NAME	DURHAM, RICHARD E		52 NAME		
STREET ADDRESS	220 WEST PARKCENTER BLVD		53 STREET ADDRESS		
CITY-ST-ZIP	BOISE ID		54 CITY-ST-ZIP		
TITLE	AS	☐ DELETE	61 TITLE		☐ Change ☐ Addition
NAME	DAVIS, KARYLL A		62 NAME		
STREET ADDRESS	600 GRANT ST., 60TH FLOOR		63 STREET ADDRESS		
CITY-ST-ZIP	PITTSBURGH PA		64 CITY-ST-ZIP		

CR2E034 (12/95)

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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.

SIGNATURE: X Chas C. White CHARLES C. WHITE 208/383-6100

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #