


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

Chank H 05/542

FILED

Jan 26 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
DOCUMENT # <b>F94000006638 (0)</b> 1. Corporation Name <b>ORE-IDA FOODS, INC.</b>		



Principal Place of Business <b>220 WEST PARKCENTER BLVD. BOISE ID 83706</b>	Mailing Address <b>220 WEST PARKCENTER BLVD. BOISE ID 83706</b>
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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 <b>12/28/1994</b>		4. FEI Number <b>94-2475568</b> Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			

9. Name and Address of Current Registered Agent <b>C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324</b>				10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City <b>FL</b> 85 Zip Code			
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11. Pursuant to the provisions of Sections 607.0502 and 607.1506, 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.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	V	<input checked="" type="checkbox"/> DELETE		1.1 TITLE	Director	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	STORMS, KEVIN P			1.2 NAME	David R. Williams		
STREET ADDRESS	220 WEST PARKCENTER BLVD			1.3 STREET ADDRESS	2107 Blairmont Drive		
CITY - ST - ZIP	BOISE ID			1.4 CITY - ST - ZIP	Pittsburgh, PA 15241		
TITLE	PD	<input type="checkbox"/> DELETE		2.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	WAMHOFF, RICHARD H			2.2 NAME			
STREET ADDRESS	220 WEST PARKCENTER BLVD			2.3 STREET ADDRESS			
CITY - ST - ZIP	BOISE ID			2.4 CITY - ST - ZIP			
TITLE	VTSD	<input type="checkbox"/> DELETE		3.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	WHITE, CHARLES C			3.2 NAME			
STREET ADDRESS	220 WEST PARKCENTER BLVD			3.3 STREET ADDRESS			
CITY - ST - ZIP	BOISE ID			3.4 CITY - ST - ZIP			
TITLE	AT	<input checked="" type="checkbox"/> DELETE		4.1 TITLE	Vice President	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	CAPONI, CATHERINE A.			4.2 NAME	Gregory R. Surabian		
STREET ADDRESS	191 MEADOW FIELD LANE			4.3 STREET ADDRESS	220 W. Parkcenter Blvd.		
CITY - ST - ZIP	JEFFERSON BOROUGH PA			4.4 CITY - ST - ZIP	Boise, ID 83706		
TITLE	AT	<input type="checkbox"/> DELETE		5.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	DURHAM, RICHARD E			5.2 NAME			
STREET ADDRESS	220 WEST PARKCENTER BLVD			5.3 STREET ADDRESS			
CITY - ST - ZIP	BOISE ID			5.4 CITY - ST - ZIP			
TITLE	AS	<input type="checkbox"/> DELETE		6.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	DAVIS, KARYLL A			6.2 NAME			
STREET ADDRESS	600 GRANT ST., 60TH FLOOR			6.3 STREET ADDRESS			
CITY - ST - ZIP	PITTSBURGH PA			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.

SIGNATURE: X *Charles C. White* **CHARLES C. WHITE JAN 7, 1998 208/283-6100**

CR2E034 (10/97)