

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 10, 2002 8:00 am
Secretary of State

02-10-2002 90043 044 ***150.00

DOCUMENT # F95000004244

1. Entity Name
TYSON FARMS, INC.

Principal Place of Business

TYSON FARMS, INC.
2210 OAKLAWN DRIVE
SPRINGDALE AR 72765-2020
US

Mailing Address

TYSON FARMS, INC.
PO BOX 2020 CP131
SPRINGDALE AR 72765-2020
US

2. Principal Place of Business

TAX ACCTG CP131

3. Mailing Address

TAX ACCTG CP131

Suite, Apt. #, etc.

2210 W. OAKLAWN

Suite, Apt. #, etc.

PO BOX 2020

City & State

SPRINGDALE AR 72762

City & State

SPRINGDALE AR 72765-2020

4. FEI Number

56-0754148

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
 Tax filing requirement and elects to do so.
 (See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After May 1, 2002 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
 Trust Fund Contribution. ☐

\$5.00 May Be
 Added to Fees

11. OFFICERS AND DIRECTORS

TITLE **CPCE** ☐ Delete
 NAME **TYSON, JOHN H**
 STREET ADDRESS **2210 W OAKLAWN CP131**
 CITY-ST-ZIP **SPRINGDALE AR 72762**

TITLE **COO** ☐ Delete
 NAME **LEE, GREG**
 STREET ADDRESS **2210 W OAKLAWN CP131**
 CITY-ST-ZIP **SPRINGDALE AR 72762**

TITLE **SVP** ☐ Delete
 NAME **HANKINS, STEVEN**
 STREET ADDRESS **2210 W OAKLAWN CP131**
 CITY-ST-ZIP **SPRINGDALE AR 72762**

TITLE **S** ☐ Delete
 NAME **HUDSON, R R**
 STREET ADDRESS **2210 W OAKLAWN CP131**
 CITY-ST-ZIP **SPRINGDALE AR 72762**

TITLE **SVT** ☐ Delete
 NAME **LEATHERBY, DENNIS**
 STREET ADDRESS **2210 W OAKLAWN CP131**
 CITY-ST-ZIP **SPRINGDALE AR 72762**

TITLE **V** ☐ Delete
 NAME **PLESS, RODNEY S**
 STREET ADDRESS **2210 W OAKLAWN CP131**
 CITY-ST-ZIP **SPRINGDALE AR 72762**

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **S** ☒ Change ☐ Addition
 NAME **HUDSON, R. READ**
 STREET ADDRESS **2210 W. OAKLAWN CP131**
 CITY-ST-ZIP **SPRINGDALE AR 72762**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

13. I hereby certify that the information applied 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

RODNEYS. PLESS, VP/CONTROLLER

01/09/02 501-290-4000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)