

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Mar 31, 2003 8:00 am
Secretary of State

03-31-2003 90283 024 ***150.00

DOCUMENT # F95000004244
1. Entity Name TYSON FARMS, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business TAX ACCTG AR058125 Suite, Apt. #, etc. 2210 W. OAKLAWN DR. City & State SPRINGDALE, AR Zip 72762	3. Mailing Address TAX ACCTG AR058125 Suite, Apt. #, etc. PO BOX 2020 City & State SPRINGDALE, AR Zip 72765-2020
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DO NOT WRITE IN THIS SPACE

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4. FEI Number 56-0754148	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

7. Name and Address of Current Registered Agent Name CT-CORPORATION-SYSTEM Street Address (P.O. Box Number is Not Acceptable) 1200 SOUTH PINE ISLAND ROAD City PLANTATION FL Zip Code 33324

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

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS			
TITLE P NAME BOND, RICHARD L. STREET ADDRESS 2210 OAKLAWN DR CITY - ST - ZIP SPRINGDALE, AR 72762	TITLE NAME STREET ADDRESS CITY - ST - ZIP	TITLE NAME STREET ADDRESS CITY - ST - ZIP	DO NOT WRITE IN THIS SPACE
TITLE CEO/ CHAIRMAN NAME TYSON, JOHN H. STREET ADDRESS 2210 OAKLAWN DR CITY - ST - ZIP SPRINGDALE, AR 72762	TITLE NAME STREET ADDRESS CITY - ST - ZIP	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE SVP NAME HANKINS, STEVEN STREET ADDRESS 2210 OAKLAWN DR CITY - ST - ZIP SPRINGDALE, AR 72762	TITLE NAME STREET ADDRESS CITY - ST - ZIP	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE S NAME HUDSON, READ R. STREET ADDRESS 2210 W. OAKLAWN DR CITY - ST - ZIP SPRINGDALE, AR 72762	TITLE NAME STREET ADDRESS CITY - ST - ZIP	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE T NAME LEATHERBY, DENNIS STREET ADDRESS 2210 OAKLAWN DR CITY - ST - ZIP SPRINGDALE, AR 72762	TITLE NAME STREET ADDRESS CITY - ST - ZIP	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE D NAME LEE, GREG STREET ADDRESS 2210 W. OAKLAWN DR CITY - ST - ZIP SPRINGDALE, AR 72762	TITLE NAME STREET ADDRESS CITY - ST - ZIP	TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

R. Read Hudson R. Read Hudson

03/21/03

479-290-4000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #