

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **F95000004800 (7)**

1. Corporation Name
BEATRICE CHEESE TRUCKING, INC.



Principal Place of Business: **ONE CONAGRA DR., #CC-361 OMAHA NE 68102-5001**
Mailing Address: **ONE CONAGRA DR., #CC-361 OMAHA NE 68102-5001**

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

| | |
|---|--------------------------------|
| 3. Date Incorporated or Qualified | 3a. Date of Last Report |
| 10/05/1995 | |
| 4. FEI Number | Applied For |
| 36-3643599 | Not Applicable |
| 5. Certificate of Status Desired | \$8.75 Additional Fee Required |
| <input type="checkbox"/> | |
| 6. Election Campaign Financing Trust Fund Contribution | \$5.00 May Be Added to Fees |
| <input type="checkbox"/> | |
| 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes. <input type="checkbox"/> Yes <input type="checkbox"/> No | |

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**THE PRENTICE-HALL CORPORATION SYSTEM, INC.
1201 HAYS STREET
SUITE 105
TALLAHASSEE FL 32301**

| | |
|----|--|
| 81 | Name |
| 82 | Street Address (P.O. Box Number is Not Acceptable) |
| 83 | |
| 84 | City |
| 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. Thereby 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 street address

(If FEI Registered Agent Registration is provided with this report)

DA 1

| 12. OFFICERS AND DIRECTORS | | |
|----------------------------|--------------------------------|---------------------------------|
| TITLE | P | <input type="checkbox"/> DELETE |
| NAME | BURNS, ROBERT H | |
| STREET ADDRESS | 29084 HAPPY HOLLOW RD., N 22 W | |
| CITY-ST-ZIP | PEWAUKEE WI 53072 | |
| TITLE | V | <input type="checkbox"/> DELETE |
| NAME | DILL, JOHN J | |
| STREET ADDRESS | 326 S. 124TH ST. | |
| CITY-ST-ZIP | OMAHA NE 68154 | |
| TITLE | VTS | <input type="checkbox"/> DELETE |
| NAME | THOMAS, L B | |
| STREET ADDRESS | 7813 PIERCE ST. | |
| CITY-ST-ZIP | OMAHA NE 68124 | |
| TITLE | S | <input type="checkbox"/> DELETE |
| NAME | BADBERG, SUE | |
| STREET ADDRESS | 4629 CAPITOL AVE. | |
| CITY-ST-ZIP | OMAHA NE 68124 | |
| TITLE | D | <input type="checkbox"/> DELETE |
| NAME | PETERS, DAVID T | |
| STREET ADDRESS | 206 S. 121ST ST. | |
| CITY-ST-ZIP | OMAHA NE 68154 | |
| TITLE | D | <input type="checkbox"/> DELETE |
| NAME | TINDALL, JIM | |
| STREET ADDRESS | 9968 SPRING ST. | |
| CITY-ST-ZIP | OMAHA NE 68124 | |

| 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | | |
|---|----|--|
| 11 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 12 NAME | | |
| 13 STREET ADDRESS | | |
| 14 CITY-ST-ZIP | | |
| 21 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 22 NAME | | |
| 23 STREET ADDRESS | | |
| 24 CITY-ST-ZIP | | |
| 31 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 32 NAME | | |
| 33 STREET ADDRESS | | |
| 34 CITY-ST-ZIP | | |
| 41 TITLE | AB | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 42 NAME | | |
| 43 STREET ADDRESS | | |
| 44 CITY-ST-ZIP | | |
| 51 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 52 NAME | | |
| 53 STREET ADDRESS | | |
| 54 CITY-ST-ZIP | | |
| 61 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 62 NAME | | |
| 63 STREET ADDRESS | | |
| 64 CITY-ST-ZIP | | |

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)(k), 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:

John J. Dill
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/12/96 402-595-4305
Date Date

CR2E034 (12/95)