

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

**FILED**  
**Apr 29 1997 8:00am**  
**Secretary of State**

<b>PROFIT CORPORATION ANNUAL REPORT 1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
--	---	---

**DOCUMENT # F95000004800 (7)**  
 1. Corporation Name  
**BEATRICE CHEESE TRUCKING, INC.**



Principal Place of Business <b>ONE CONAGRA DR., #CC-361 OMAHA NE 68102-5001</b>	Mailing Address <b>ONE CONAGRA DR., #CC-361 OMAHA NE 68102-5094</b>
--	--

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 <b>One ConAgra Drive, CC 360</b> City & State 23 Zip Country 24 25	2a. Mailing Address 26 Suite, Apt. #, etc. 27 <b>One ConAgra Drive, CC 360</b> City & State 28 Zip Country 29 <b>58102-5001</b> 30
--	---

3. Date Incorporated or Qualified <b>10/05/1995</b>	3a. Date of Last Report <b>04/08/1996</b>
4. FEI Number <b>36-3643599</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
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  
**THE PRENTICE-HALL CORPORATION SYSTEM, INC.**  
**1201 HAYS STREET**  
**SUITE 105**  
**TALLAHASSEE FL 32301**

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input checked="" type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>P. BURNS, ROBERT H</b>	1.2 NAME	<b>President Kevin Ruda</b>
STREET ADDRESS	<b>29084 HAPPY HOLLOW RD., N 22 W</b>	1.3 STREET ADDRESS	<b>2605 Buckingham Place</b>
CITY-ST-ZIP	<b>PEWAUKEE WI 53072</b>	1.4 CITY-ST-ZIP	<b>Brookfield, WI 53045</b>
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>V DILL, JOHN J</b>	2.2 NAME	
STREET ADDRESS	<b>328 S. 124TH ST.</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>OMAHA NE 68154</b>	2.4 CITY-ST-ZIP	
TITLE	<input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>VTS THOMAS, L B</b>	3.2 NAME	<b>Secretary Walt Casey</b>
STREET ADDRESS	<b>7813 PIERCE ST.</b>	3.3 STREET ADDRESS	<b>414 Martin Drive N.</b>
CITY-ST-ZIP	<b>OMAHA NE 68124</b>	3.4 CITY-ST-ZIP	<b>Bellevue, NE 68005</b>
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>AG BADBERG, SUE</b>	4.2 NAME	
STREET ADDRESS	<b>4629 CAPITOL AVE.</b>	4.3 STREET ADDRESS	
CITY-ST-ZIP	<b>OMAHA NE</b>	4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>D PETERS, DAVID T</b>	5.2 NAME	
STREET ADDRESS	<b>206 S. 121ST ST.</b>	5.3 STREET ADDRESS	
CITY-ST-ZIP	<b>OMAHA NE 68154</b>	5.4 CITY-ST-ZIP	
TITLE	<input checked="" type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>D TINDALL, JIM</b>	6.2 NAME	<b>Director D.T. Peters</b>
STREET ADDRESS	<b>9988 SPRING ST.</b>	6.3 STREET ADDRESS	<b>206 S. 121 Street</b>
CITY-ST-ZIP	<b>OMAHA NE 68124</b>	6.4 CITY-ST-ZIP	<b>Omaha, NE 68144</b>

14. I do 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:  John J. Dill 4/11/97 (402) 595-4305

CR2E034 (9/96)