

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

FILED
Apr 01 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # F95000004800 (7)
 1. Corporation Name
BEATRICE CHEESE TRUCKING, INC.



Principal Place of Business ONE CONAGRA DR. CC 360 OMAHA NE 68102-5001 US	Mailing Address ONE CONAGRA DR. CC 360 OMAHA NE 68102-5001 US
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
10/05/1995

2. Principal Place of Business 21 Suite, Apt. #, etc. One ConAgra Drive, CC360 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. One ConAgra Drive, CC360 27 City & State 28 Zip 29 Country
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4. FEI Number
36-3643599 Applied For Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

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

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes 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	85 Zip Code
				FL

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> DELETE
NAME	RUDA, KEVIN	
STREET ADDRESS	2605 BUCKINGHAM PLACE	
CITY-ST-ZIP	BROOKFIELD WI	
TITLE	V	<input checked="" type="checkbox"/> DELETE
NAME	DILL, JOHN J	
STREET ADDRESS	326 S. 124TH ST.	
CITY-ST-ZIP	OMAHA NE 68154	
TITLE	S	<input checked="" type="checkbox"/> DELETE
NAME	CASEY, WALT	
STREET ADDRESS	414 MARTIN DRIVE N	
CITY-ST-ZIP	BELLEVUE NE	
TITLE	AG	<input type="checkbox"/> DELETE
NAME	BADBERG, SUE	
STREET ADDRESS	4629 CAPITOL AVE.	
CITY-ST-ZIP	OMAHA NE	
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	PETERS, D.T.	
STREET ADDRESS	206 S 121 ST	
CITY-ST-ZIP	OMAHA NE	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Debra L. Keith
2.3 STREET ADDRESS	2918 Blackhawk Circle
2.4 CITY-ST-ZIP	Omaha, NE 68123
3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	James P. O'Donnell
3.3 STREET ADDRESS	15724 Leavenworth Street
3.4 CITY-ST-ZIP	Omaha, NE 68118
4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	Treasurer
4.3 STREET ADDRESS	Lacey, M.E.
4.4 CITY-ST-ZIP	9519 Parker Street
5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	D
5.3 STREET ADDRESS	DiFonzo, Ken
5.4 CITY-ST-ZIP	16646 Howard Circle
6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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: *Debra L. Keith* VICE PRESIDENT - TAX 3/25/98 (402) 595-4080

CR2E034 (10/97)