

**2000 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Jan 24, 2000 8:00 am**  
**Secretary of State**

01-24-2000 90015 032 \*\*\*150.00

**DOCUMENT # F95000004800**

1. Entity 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 68102-5094 US
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2. Principal Place of Business One ConAgra Drive Suite, Apt. #, etc. CC-241 City & State Omaha, NE Zip 68102-5001	Country USA	3. Mailing Address One ConAgra Drive, Attn: Tax Suite, Apt. #, etc. CC-241 City & State Omaha, NE Zip 68102-5001	Country USA
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DO NOT WRITE IN THIS SPACE

4. FEI Number 36-3643599	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent THE PRENTICE-HALL CORPORATION SYSTEM, INC. 1201 HAYS STREET SUITE 105 TALLAHASSEE FL 32301	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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 \_\_\_\_\_ (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) <input type="checkbox"/>	<b>FILE NOW!!! FEE IS \$150.00</b> <b>After MAY 1, 2000 Fee will be \$550.00</b> <b>Make Check Payable to Department of State</b>	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P GRAGG, RUSSELL 770 N. SPGDALE RD WAUKESHA WI 53186 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Russell J. Bragg 3075 Sugarloaf Club Dr. Duluth, GA 30097 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V KEITH, DEBRA L 2918 BLACKHAWK CIR OMAHA NE 68123 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S O'DONNELL, JAMES P 15724 LEAVENWORTH ST OMAHA NE 68118 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VS James P. O'Donnell 1126 South 181st Plaza Omaha, NE 68130 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ASCF PIETZSCH, PAUL 770 N. SPGDALE RD WAUKESHA WI 53186 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PETERS, DAVID T 206 S. 121ST ST. OMAHA NE 68154 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DIFONZO, KEN W 1 CONAGRA DR OMAHA NE 68105 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VCD Jay D. Bolding 1625 N. 129th St. Omaha, NE 68154 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Debra L. Keith **REQUIRER** Debra L. Keith 1-13-2000 402-595-4575  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #