

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 19, 2004 8:00 am**  
**Secretary of State**

04-19-2004 90341 013 \*\*\*150.00

**DOCUMENT # F95000004800**

1. Entity Name

BEATRICE CHEESE TRUCKING, INC.



Principal Place of Business

ONE CONAGRA DR, CC 241  
OMAHA NE 68102-5001  
US

Mailing Address

ONE CONAGRA DR, CC 241  
OMAHA NE 68102-5001  
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



MOORE

CR2E034 (11/03)

4. FEI Number **36-3643599**

Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

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

**FILE NOW!!! FEE IS \$150.00**

**After May 1, 2004 Fee will be \$550.00**

**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** ☐ Delete  
NAME **SCALISE, RICHARD J**  
STREET ADDRESS **2001 BUTTERFIELD ROAD**  
CITY-ST-ZIP **DOWNERS GROVE IL 60515**

TITLE **P** ☒ Change ☐ Addition  
NAME **SCALISE, RICHARD G (middle int is a G not J)**  
STREET ADDRESS **2001 BUTTERFIELD ROAD**  
CITY-ST-ZIP **DOWNERS GROVE, IL 60515**

TITLE **VD** ☐ Delete  
NAME **KEITH, DEBRA L**  
STREET ADDRESS **ONE CONAGRA DRIVE**  
CITY-ST-ZIP **OMAHA NE 68102-5001**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **VSD** ☐ Delete  
NAME **O'DONNELL, JAMES P**  
STREET ADDRESS **ONE CONAGRA DRIVE**  
CITY-ST-ZIP **OMAHA NE 68102-5001**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **AS** ☐ Delete  
NAME **PIETZSCH, PAUL**  
STREET ADDRESS **2001 BUTTERFIELE ROAD**  
CITY-ST-ZIP **DOWNERS GROVE IL 60515**

TITLE **AS** ☒ Change ☐ Addition  
NAME **PEITZSCH, PAUL E**  
STREET ADDRESS **12 SYLVAN GLEN COURT**  
CITY-ST-ZIP **BURR RIDGE, IL 60521**

TITLE **VCD** ☐ Delete  
NAME **BOLDING, JAY D**  
STREET ADDRESS **ONE CONAGRA DRIVE**  
CITY-ST-ZIP **OMAHA NE 68102-5001**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☒ Addition  
NAME **VT MESSEL, SCOTT E.**  
STREET ADDRESS **ONE CONAGRA DRIVE**  
CITY-ST-ZIP **OMAHA, NE 68102**

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

SIGNATURE:

*Debra L. Keith* Debra L. Keith  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

April 7, 2004 (402) 595-4553

Date Daytime Phone #