

20Q1 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 03, 2001 8:00 am
Secretary of State

02-03-2001 90030 025 ***158.75

DOCUMENT # F96000004561

1. Entity Name
RYAN FOODS COMPANY

Principal Place of Business 100 E. CHESTNUT ST. MURRAY KY 42071	Mailing Address 100 E. CHESTNUT ST. MURRAY KY 42071
---	---



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
--------------------------------	--------------------

Suite, Apt. #, etc.	Suite, Apt. #, etc.
---------------------	---------------------

City & State	City & State
--------------	--------------

4. FEI Number 61-0562264	Applied For <input type="checkbox"/>
	Not Applicable <input type="checkbox"/>

Zip	Country	Zip	Country	5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required
-----	---------	-----	---------	--

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

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

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

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State

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

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE: P NAME: GREEN, DANIEL E STREET ADDRESS: 100 E. CHESTNUT ST. CITY-ST-ZIP: MURRAY KY 42071 <input checked="" type="checkbox"/> Delete	TITLE: CFO NAME: CHARLES R. HYATT STREET ADDRESS: 100 E. CHESTNUT ST CITY-ST-ZIP: MURRAY, KY 42071 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE: V NAME: TRAWICK, WILLIAM F STREET ADDRESS: 100 E. CHESTNUT ST. CITY-ST-ZIP: MURRAY KY 42071 <input type="checkbox"/> Delete	TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____ <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: V NAME: MCMANAMAN, WILLIAM R STREET ADDRESS: 3600 N. RIVER RD. . CITY-ST-ZIP: FRANKLIN PARK IL 60131 <input checked="" type="checkbox"/> Delete	TITLE: TREASURER NAME: William M. Lugo STREET ADDRESS: 3600 N. RIVER Rd CITY-ST-ZIP: FRANKLIN PARK, IL 60131 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE: D NAME: DEAN, HOWARD M STREET ADDRESS: 3600 N. RIVER RD. . CITY-ST-ZIP: FRANKLIN PARK IL 60131 <input type="checkbox"/> Delete	TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____ <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: D NAME: RAVENCROFT, THOMAS A STREET ADDRESS: 3600 N. RIVER RD. . CITY-ST-ZIP: FRANKLIN PARK IL 60131 <input checked="" type="checkbox"/> Delete	TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____ <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: D NAME: BAILEY, RICHARD E STREET ADDRESS: 3600 N RIVER ROAD CITY-ST-ZIP: FRANKLIN PARK IL 60131 <input type="checkbox"/> Delete	TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____ <input type="checkbox"/> Change <input 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: Charles R Hyatt - CFO CHARLES R HYATT 1-23-01 800-626-3932
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)