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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 # **F97000003566 (3)**

1. Corporation Name

CONAGRA REFRIGERATED FOODS COMPANIES, INC.

Principal Place of Business
**ONE CONAGRA DR. CC 361
OMAHA NE 68102-5001**

Mailing Address
**ONE CONAGRA DR. CC 361
OMAHA NE 68102-5001**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

07/07/1997

4. FEI Number

33-0698245

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

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

9. Name and Address of Current Registered Agent

**THE PRENTICE-HALL CORPORATION SYSTEM, INC.
1201 HAYS STREET
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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **PD** ☐ DELETE
NAME **LOCHMANN, LEE O**
STREET ADDRESS **1425 PERSIMMON DR**
CITY-ST-ZIP **ST CHARLES IL 60174**

TITLE **V** ☒ DELETE
NAME **DILL, JOHN J**
STREET ADDRESS **326 S. 124TH ST**
CITY-ST-ZIP **OMAHA NE 68154**

TITLE **VCD** ☐ DELETE
NAME **DIFONZO, KEN**
STREET ADDRESS **16646 HOWARD CIRCLE**
CITY-ST-ZIP **OMAHA NE 68118**

TITLE **VT** ☐ DELETE
NAME **O'DONNELL, JAMES P**
STREET ADDRESS **15724 LEAVENWORTH ST**
CITY-ST-ZIP **OMAHA NE 68118**

TITLE **SD** ☒ DELETE
NAME **THOMAS, L.B.**
STREET ADDRESS **7813 PIERCE ST**
CITY-ST-ZIP **OMAHA NE 68124**

TITLE **AS** ☐ DELETE
NAME **BADBERG, SUE E**
STREET ADDRESS **4629 CAPITOL AVE**
CITY-ST-ZIP **OMAHA NE 68132**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **Vice President - Tax** ☐ Change ☒ Addition
1.2 NAME **Keith, Debra L.**
1.3 STREET ADDRESS **2918 Blackhawk Circle**
1.4 CITY-ST-ZIP **Omaha, NE 68123**

2.1 TITLE **Vice President, Treasurer** ☐ Change ☒ Addition
2.2 NAME **Lacey, M.E.**
2.3 STREET ADDRESS **9519 Parker Street**
2.4 CITY-ST-ZIP **Omaha, NE 68114**

3.1 TITLE **D** ☐ Change ☒ Addition
3.2 NAME **O'Donnell, James P.**
3.3 STREET ADDRESS **15724 Leavenworth Street**
3.4 CITY-ST-ZIP **Omaha, NE 68118**

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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)