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Apr 23, 1999 8:00 am
Secretary of State

04-23-1999 90134 047 ***150.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F97000003566

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 the current year Intangible
Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business

21 Suite, Apt. #, etc.
22 2001 Butterfield Rd.
City & State
23 Downers Grove, IL
Zip Country
24 60515 **25**

2a. Mailing Address

26 Suite, Apt. #, etc.
27 2001 Butterfield Rd.
City & State
28 Downers Grove, IL
Zip Country
29 60515 **30**

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	<input type="checkbox"/> DELETE
NAME	LOCHMANN, LEE O	
STREET ADDRESS	1425 PERSIMMON DR	
CITY-ST-ZIP	ST CHARLES IL 60174	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	KEITH, DEBRA L	
STREET ADDRESS	2918 BLACKHAWK CIR	
CITY-ST-ZIP	OMAHA NE 68123	
TITLE	VCD	<input type="checkbox"/> DELETE
NAME	DIFONZO, KEN	
STREET ADDRESS	16646 HOWARD CIRCLE	
CITY-ST-ZIP	OMAHA NE 68118	
TITLE	VT	<input type="checkbox"/> DELETE
NAME	O'DONNELL, JAMES P	
STREET ADDRESS	15724 LEAVENWORTH ST	
CITY-ST-ZIP	OMAHA NE 68118	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	LACEY, M E	
STREET ADDRESS	9519 PARKER ST	
CITY-ST-ZIP	OMAHA NE 68114	
TITLE	AS	<input type="checkbox"/> 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	President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Thomas Manuel	
1.3 STREET ADDRESS	One Conagra Drive	
1.4 CITY-ST-ZIP	Omaha NE 68102	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE	Asst. Secretary	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	Dennis Gott	
6.3 STREET ADDRESS	2001 Butterfield Rd.	
6.4 CITY-ST-ZIP	Downers Grove, IL 60515	

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, with all other like empowered.

SIGNATURE: X

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

A. Y. Pisha

Date

(630) 512-1000
Daytime Phone #

CR2E034 (11/98)

CONAGRA REFRIGERATED FOODS COMPANIES, INC.
LIST OF OFFICERS AND DIRECTORS

401086-9034-47

#F97000003 Sdb

DIRECTORS	TITLE	BUSINESS ADDRESS	RESIDENCE ADDRESS
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Manuel, Thomas L.	President	One ConAgra Drive Omaha, NE 68102	One ConAgra Drive Omaha, NE 68102
DiFonzo, Ken	Dir.	One ConAgra Drive Omaha, NE 68102	16646 Howard Circle Omaha, NE. 68118
Casey, Walt H.	Dir.	One ConAgra Drive Omaha, NE 68102	414 Martin Dr. N. Bellevue, NE 68005

OFFICERS	TITLE	BUSINESS ADDRESS	RESIDENCE ADDRESS
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Manuel, Thomas L.	President	One ConAgra Drive Omaha, NE 68102	One ConAgra Drive Omaha, NE 68102
DiFonzo, Kenneth W.	Vice Pres./ Controller	One ConAgra Drive Omaha, NE 68102	16646 Howard Circle Omaha , NE. 68114
Lacey, M. E.	Vice Pres/ Finance &Trea	One ConAgra Drive Omaha, NE 68102	9519 Parker Street Omaha, NE 68114
Keith, Debra	Vice Pres, Tax	One ConAgra Drive Omaha, NE 68102	One ConAgra Drive Omaha, NE. 68102
Liddle, Rodney	Vice Pres/ Finance	2001 Butterfield Rd Downers Grove,IL. 60515	3402 Royal Fox Drive St. Charles, IL 60174
Lacey, M.E.	Secretary	One ConAgra Drive Omaha, NE 68102	9519 Parker Street Omaha, NE. 68114
Gott, Dennis	Asst Secretary	2001 Butterfield Rd Downers Grove, IL 60515	7624 West 123rd Place Palos Heights, IL 64063
Withers, David G.	Asst Secretary	One ConAgra Drive Omaha, NE 68102	4629 Capitol Avenue Omaha, NE 68102
Pisha, A. V.	Controller	2001 Butterfield Rd Downers Grove,IL. 60515	1736 RFD Country Club Dr. Long Grove, IL. 60047