

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 14, 2001 8:00 am**  
**Secretary of State**

05-14-2001 90009 040 \*\*\*150.00

**DOCUMENT # F97000003566**

1. Entity Name

**CONAGRA SHARED PURCHASING, INC.**

Principal Place of Business

**2001 BUTTERFEILD RD  
 DOWNERS GROVE IL 60515**

Mailing Address

**2001 BUTTERFEILD RD  
 DOWNERS GROVE IL 60515**

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

**One ConAgra Drive**

Suite, Apt. #, etc.

**CC-241**

City & State

**Omaha, NE**

Zip

**68102-5001**

Country

4. FEI Number **33-0698245**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
 Fee Required

6. Name and Address of Current Registered Agent

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

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

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

(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) ☐

**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

TITLE **PD** ☐ Delete  
 NAME **THOMAS, MANUEL**  
 STREET ADDRESS **ONE CONAGRA DR**  
 CITY-ST-ZIP **OMAHA NE 68102**

TITLE **VP** ☐ Delete  
 NAME **KEITH, DEBRA L**  
 STREET ADDRESS **2918 BLACKHAWK CIR**  
 CITY-ST-ZIP **OMAHA NE 68123**

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 **VP** ☒ Delete  
 NAME **LACEY, M E**  
 STREET ADDRESS **9519 PARKER ST**  
 CITY-ST-ZIP **OMAHA NE 68114**

TITLE **AS** ☐ Delete  
 NAME **GOTT, DENNIS**  
 STREET ADDRESS **2001 BUTTERFEILD RD**  
 CITY-ST-ZIP **DOWNERS GROVE IL 60515**

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

TITLE **Vice President/Controller** ☐ Change ☒ Addition  
 NAME **Jay D. Bolding**  
 STREET ADDRESS **1625 N 129th Street**  
 CITY-ST-ZIP **Omaha, NE 68154**

TITLE ☒ Change ☐ Addition  
 NAME  
 STREET ADDRESS **1126 South 181st Plaza**  
 CITY-ST-ZIP **Omaha, NE 68130**

TITLE ☐ Change ☒ Addition  
 NAME **Vice President, Finance**  
 STREET ADDRESS **Rodney T. Liddle**  
 CITY-ST-ZIP **2144 Wheeler Street**  
**Woodridge, IL 60517**

TITLE ☒ Change ☐ Addition  
 NAME  
 STREET ADDRESS **7624 W. 123rd Place**  
 CITY-ST-ZIP **Palos Heights, IL 60463**

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*

Debra L. Keith

4/24/01

(402)595-4575

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)