

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 29, 2002 8:00 am
Secretary of State

05-29-2002 93660 027 ***150.00

DOCUMENT # F97000003566

1. Entity Name
CONAGRA SHARED PURCHASING, INC.

Principal Place of Business Mailing Address
2001 BUTTERFIELD RD ONE CONAGRA DRIVE
DOWNERS GROVE IL 60515 CC-241
OMAHA NE 68102-5001

2. Principal Place of Business 3. Mailing Address
One ConAgra Drive
 Suite, Apt. #, etc. Suite, Apt. #, etc.
CC-237

City & State City & State
Omaha, NE
 Zip Country Zip Country
68102 USA



DO NOT WRITE IN THIS SPACE

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

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, 2002 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 NAME STREET ADDRESS CITY-ST-ZIP | PD THOMAS, MANUEL ONE CONAGRA DR OMAHA NE 68102 | <input checked="" type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VP KEITH, DEBRA L 2918 BLACKHAWK CIR OMAHA NE 68123 | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VPC BOLDING, JAY D 1625 N 129TH STREET OMAHA NE 68154 | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VT O'DONNELL, JAMES P 1126 SOUTH 181ST PLAZA OMAHA NE 68130 | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VP-F LIDDLE, RODNEY T 2144 WHEELER STREET WOODRIDGE IL 60517 | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | AS GOTT, DENNIS 7824 W 123RD PLACE PALOS HEIGHTS IL 60463 | <input type="checkbox"/> Delete |

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| | | |
|------------------------------------------------|---------------------------------------------------------------------------------|------------------------------------------------------------------------------|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD John N Simons 1900 AA ST, PO BOX 2480, Greeley, CO 80632 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| 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: Debra L. Keith **Debra L. Keith**

Date: 4/17/02

Daytime Phone #: (402) 595-4206

CR2E034 (9/01)