


2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 19, 2004 8:00 am
Secretary of State

04-19-2004 90341 023 ***150.00

DOCUMENT # F97000003566 1. Entity Name CONAGRA SHARED PURCHASING, INC.					
Principal Place of Business ONE CONAGRA DR. OMAHA NE 68102-5001			Mailing Address ONE CONAGRA DRIVE CC-241 OMAHA NE 68102-5001		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
THE PRENTICE-HALL CORPORATION SYSTEM, INC. 1201 HAYS STREET TALLAHASSEE FL 32301			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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Make Check Payable to Florida Department of State			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	P <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	GOSLEE, DWIGHT J		NAME		
STREET ADDRESS	ONE CONAGRA DR.		STREET ADDRESS		
CITY-ST-ZIP	OMAHA NE 68102-5001		CITY-ST-ZIP		
TITLE	VPD <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	KEITH, DEBRA L		NAME		
STREET ADDRESS	ONE CONAGRA DR.		STREET ADDRESS		
CITY-ST-ZIP	OMAHA NE 68102-5001		CITY-ST-ZIP		
TITLE	VPCD <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BOLDING, JAY D		NAME		
STREET ADDRESS	ONE CONAGRA DR.		STREET ADDRESS		
CITY-ST-ZIP	OMAHA NE 68102-5001		CITY-ST-ZIP		
TITLE	VPSD <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	O'DONNELL, JAMES P		NAME		
STREET ADDRESS	ONE CONAGRA DR.		STREET ADDRESS		
CITY-ST-ZIP	OMAHA NE 68102-5001		CITY-ST-ZIP		
TITLE	VPT <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MESSEL, SCOTT E		NAME		
STREET ADDRESS	ONE CONAGRA DR.		STREET ADDRESS		
CITY-ST-ZIP	OMAHA NE 68102-5001		CITY-ST-ZIP		
TITLE	ACS <input checked="" type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	WEDEKING, KEVIN L		NAME	VP SANDERS, ANTHONY M	
STREET ADDRESS	ONE CONAGRA DR.		STREET ADDRESS	ELEVEN CONAGRA DRIVE	
CITY-ST-ZIP	OMAHA NE 68102-5001		CITY-ST-ZIP	OMAHA, NE 68102-5001	



MOORE CR2E034 (11/03)

4. FEI Number **33-0698245** Applied For ☐ Not Applicable ☐

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Debra L. Keith* Debra L. Keith

April 7, 2004 (402) 595-4553

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #