

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 24, 2006 8:00 am
Secretary of State

04-24-2006 90352 028 ***150.00

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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**

60029297



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

04142006 Chg-P CR2E034 (11/05)

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

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** ☒ Delete
NAME **GOSLEE, DWIGHT J**
STREET ADDRESS **ONE CONAGRA DR.**
CITY-ST-ZIP **OMAHA, NE 681025001**

TITLE **P** ☐ Change ☒ Addition
NAME **Gregory A. Heckman**
STREET ADDRESS **Eleven ConAgra Drive**
CITY-ST-ZIP **Omaha, NE 68102-5001**

TITLE **VD** ☐ Delete
NAME **GEHRING, JOHN F**
STREET ADDRESS **ONE CONAGRA DR.**
CITY-ST-ZIP **OMAHA, NE 681025001**

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

TITLE **V** ☐ Delete
NAME **SKKARSKY, FRANK S**
STREET ADDRESS **ONE CONAGRA DR.**
CITY-ST-ZIP **OMAHA, NE 681025001**

TITLE **V** ☒ Change ☐ Addition
NAME **Frank S. Sklarsky**
STREET ADDRESS **One ConAgra Drive**
CITY-ST-ZIP **Omaha, NE 68102-5001**

TITLE **D** ☐ Delete
NAME **JOHNSON, OWEN C**
STREET ADDRESS **ONE CONAGRA DR.**
CITY-ST-ZIP **OMAHA, NE 681025001**

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

TITLE **VTSD** ☐ Delete
NAME **MESSEL, SCOTT E**
STREET ADDRESS **ONE CONAGRA DR.**
CITY-ST-ZIP **OMAHA, NE 681025001**

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

TITLE **V** ☒ Delete
NAME **SANDERS, ANTHONY M**
STREET ADDRESS **ONE CONAGRA DR.**
CITY-ST-ZIP **OMAHA, NE 681025001**

TITLE **V** ☐ Change ☒ Addition
NAME **Randall D. Harvey**
STREET ADDRESS **One ConAgra Drive**
CITY-ST-ZIP **Omaha, NE 68102-5001**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Randall D. Harvey

Vice President, Tax

4/18/06
Date

(402) 595-4553
Daytime Phone #