


# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 28, 2003 8:00 am**  
**Secretary of State**

04-28-2003 91316 025 \*\*\*150.00

065627 AT

<b>DOCUMENT #</b> F97000003566	
<b>1. Entity Name</b> CONAGRA SHARED PURCHASING, INC.	

<b>Principal Place of Business</b> ONE COOGRA DR. CC-237 DOWNERS GROVE IL 60515	<b>Mailing Address</b> ONE CONAGRA DRIVE CC-241 OMAHA NE 68102-5001
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<b>2. Principal Place of Business</b> One ConAgra Drive	<b>3. Mailing Address</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.

<b>City &amp; State</b> Omaha, NE 68102-5001	<b>City &amp; State</b>
<b>Zip</b>	<b>Country</b>

<b>4. FEI Number</b> 33-0698245	<b>Applied For</b> <input type="checkbox"/> Not Applicable
<b>5. Certificate of Status Desired</b> <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>



☒ CHECK HERE IF MAKING CHANGES

<b>6. Name and Address of Current Registered Agent</b>  THE PRENTICE-HALL CORPORATION SYSTEM, INC. 1201 HAYS STREET TALLAHASSEE FL 32301
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<b>7. Name and Address of New Registered Agent</b>  Name Street Address (P.O. Box Number is Not Acceptable)  City FL Zip Code
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<b>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.</b>
<b>SIGNATURE</b> _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>
<b>DATE</b> _____

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

**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	
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<b>PD</b> SIMONS, JOHN N 1900 AA ST, PO BOX 2489 GREELEY CO 80632 <input checked="" type="checkbox"/> Delete	<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> Goslee, Dwight J One ConAgra Drive Omaha, NE 68102-5001 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<b>VP</b> KEITH, DEBRA L 2918 BLACKHAWK CIR OMAHA NE 68123 <input type="checkbox"/> Delete	<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<b>VP/D</b> Keith, Debra L One ConAgra Drive Omaha, NE 68102-5001 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<b>VPC</b> BOLDING, JAY D 1625 N 129TH STREET OMAHA NE 68154 <input type="checkbox"/> Delete	<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<b>VP/C/D</b> Bolding, Jay D One ConAgra Drive Omaha, NE 68102-5001 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<b>VT</b> O'DONNELL, JAMES P 1126 SOUTH 181ST PLAZA OMAHA NE 68130 <input type="checkbox"/> Delete	<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<b>VP/S/D</b> O'Donnell, James P One ConAgra Drive Omaha, NE 68102-5001 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<b>VP-F</b> LIDDLE, RODNEY T 2144 WHEELER STREET WOODRIDGE IL 60517 <input checked="" type="checkbox"/> Delete	<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<b>VP/T</b> Messel, Scott E One ConAgra Drive Omaha, NE 68102-5001 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<b>AS</b> GOTT, DENNIS 7624 W 123RD PLACE PALOS HEIGHTS IL 60463 <input checked="" type="checkbox"/> Delete	<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<b>AT/ACS</b> Wedeking, Kevin L One ConAgra Drive Omaha, NE 68102-5001 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

**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.**

<b>SIGNATURE:</b>  <b>SIGNATURE REQUIRED</b>	Debra L. Keith	April 22, 2003	(402) 595-4206
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date</small>	<small>Daytime Phone #</small>

CR2E034 (10/02)

Attachment  
80095026  
#F970000003566

## Directors, Officers Report

ConAgra Shared Purchasing, Inc.

Tuesday, April 22, 2003

### DIRECTORS

**Jay Douglas Bolding** Director  
Primary Address: ConAgra Foods, Inc.  
One ConAgra Drive  
Omaha, NE 68102-5001 USA

**Debra Lynn Keith** Director  
Primary Address: ConAgra Foods, Inc.  
One ConAgra Drive  
Omaha, NE 68102-5001 USA

**James Patrick O'Donnell** Director  
Primary Address: ConAgra Foods, Inc.  
One ConAgra Drive  
Omaha, NE 68102-5001 USA

### OFFICERS

**Dwight J. Goslee** President  
Primary Address: ConAgra Foods, Inc.  
One ConAgra Drive  
Omaha, NE 68102-5001 USA

**Jay Douglas Bolding** Vice President & Controller  
Primary Address: ConAgra Foods, Inc.  
One ConAgra Drive  
Omaha, NE 68102-5001 USA

**James Patrick O'Donnell** Vice President & Secretary  
Primary Address: ConAgra Foods, Inc.  
One ConAgra Drive  
Omaha, NE 68102-5001 USA

**Debra Lynn Keith** Vice President, Tax  
Primary Address: ConAgra Foods, Inc.  
One ConAgra Drive  
Omaha, NE 68102-5001 USA

**Scott Edward Messel** Vice President, Treasurer  
Primary Address: ConAgra Foods, Inc.  
One ConAgra Drive  
Omaha, NE 68102-5001 USA

**Kevin Lynn Wedeking** Assistant Treasurer / Assistant Corporate Secretary  
Primary Address: ConAgra Foods, Inc.  
One ConAgra Drive  
Omaha, NE 68102-5001 USA