

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F97000006380

1. Entity Name

SWIFT & COMPANY

Principal Place of Business

ONE CONAGRA DRIVE  
CC241  
OMAHA NE 68102-5001

Mailing Address

ONE CONAGRA DRIVE  
CC241  
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

4. FEI Number 47-0805080

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.

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PCEO ☐ Delete  
NAME HENLEY, DENNIS  
STREET ADDRESS 1204 43RD AVENUE  
CITY-ST-ZIP GREELEY CO 80635

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS 822 7th Street; Suite 202  
CITY-ST-ZIP Greeley, CO 80631-9663

TITLE V ☐ Delete  
NAME KEITH, DEBRA L  
STREET ADDRESS 2918 BLACKHAWK CIRCLE  
CITY-ST-ZIP OMAHA NE 68123

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

TITLE VCD ☐ Delete  
NAME BOLDING, JAY D  
STREET ADDRESS 1625 N 129TH ST  
CITY-ST-ZIP OMAHA NE 68154

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

TITLE C ☐ Delete  
NAME PISHA, ALDOLPH V  
STREET ADDRESS 1736 COUNTRY CLUB DRIVE  
CITY-ST-ZIP LONG GROVE IL 60047

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

TITLE SD ☐ Delete  
NAME O'DONNELL, JAMES P  
STREET ADDRESS 1126 S 181ST PLAZA  
CITY-ST-ZIP OMAHA NE 68130

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

TITLE ACS ☒ Delete  
NAME WITHERS, DAVID G  
STREET ADDRESS 8105 NORTH 40 STREET  
CITY-ST-ZIP OMAHA NE 68112

TITLE Assistant Corporate Secretary ☐ Change ☒ Addition  
NAME Kevin L. Wedeking  
STREET ADDRESS 14466 Grant Street  
CITY-ST-ZIP Omaha, NE 68116

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)



DO NOT WRITE IN THIS SPACE