


FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

**FILED**  
**May 04, 1999 8:00 am**  
**Secretary of State**

05-04-1999 90120 008 \*\*\*150.00

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<b>PROFIT CORPORATION ANNUAL REPORT 1999</b>				FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS	
<b>DOCUMENT # F98000000702</b>					
1. Corporation Name <b>A.M. GILARDI &amp; SONS, INC.</b>					
Principal Place of Business <b>1910 FAIR WOAD SIDNEY OH 45365</b>			Mailing Address <b>1910 FAIR WOAD SIDNEY OH 45365</b>		
2. Principal Place of Business 21 <b>One ConAgra Drive CC241</b> Suite, Apt. #, etc.		2a. Mailing Address 26 <b>One ConAgra Drive CC241</b> Suite, Apt. #, etc.		3. Date Incorporated or Qualified <b>02/05/1998</b>	
22 <b>Omaha, NE</b>		27 <b>Omaha, NE</b>		4. FEI Number <b>34-0922952</b> Applied For Not Applicable	
23 <b>Omaha, NE</b>		28 <b>Omaha, NE</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required	
24 <b>68102-5001</b> 25 <b>USA</b>		29 <b>68102-5001</b> 30 <b>USA</b>		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	
9. Name and Address of Current Registered Agent <b>C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324</b>				8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No	
				10. Name and Address of New Registered Agent	
				81 Name	
				82 Street Address (P.O. Box Number is Not Acceptable)	
				83	
				84 City <b>FL</b> 85 Zip Code	
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
12. OFFICERS AND DIRECTORS					
TITLE	CEOT	<input checked="" type="checkbox"/> DELETE			
NAME	GILARDI, MICHAEL M				
STREET ADDRESS	1910 FAIR ROAD				
CITY-ST-ZIP	SIDNEY OH				
TITLE	S	<input checked="" type="checkbox"/> DELETE			
NAME	GILARDI, PAMELA J				
STREET ADDRESS	1910 FAIR ROAD				
CITY-ST-ZIP	SIDNEY OH				
TITLE	V	<input checked="" type="checkbox"/> DELETE			
NAME	SCHLATER, JOHN				
STREET ADDRESS	1910 FAIR ROAD				
CITY-ST-ZIP	SIDNEY OH				
TITLE	V	<input checked="" type="checkbox"/> DELETE			
NAME	PREGENT, DENNIS				
STREET ADDRESS	1910 FAIR ROAD				
CITY-ST-ZIP	SIDNEY OH				
TITLE	V	<input checked="" type="checkbox"/> DELETE			
NAME	MINCH, WALT				
STREET ADDRESS	1910 FAIR ROAD				
CITY-ST-ZIP	SIDNEY OH				
TITLE	V	<input checked="" type="checkbox"/> DELETE			
NAME	KENNAN, MIKE				
STREET ADDRESS	1910 FAIR ROAD				
CITY-ST-ZIP	SIDNEY OH				
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12					
1.1 TITLE	President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
1.2 NAME	James T. Smith				
1.3 STREET ADDRESS	13909 Hamilton Street				
1.4 CITY-ST-ZIP	Omaha, NE 68154				
2.1 TITLE	VP & Secretary, & D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
2.2 NAME	James P. O'Donnell				
2.3 STREET ADDRESS	1129 South 181 Plaza				
2.4 CITY-ST-ZIP	Omaha, NE 68130				
3.1 TITLE	VP-Tax	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
3.2 NAME	Debra L. Keith				
3.3 STREET ADDRESS	2918 Blackhawk Circle				
3.4 CITY-ST-ZIP	Omaha, NE 68123				
4.1 TITLE	VP & Controller, & D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
4.2 NAME	Kenneth W. DiFonzo				
4.3 STREET ADDRESS	16646 Howard Circle				
4.4 CITY-ST-ZIP	Omaha, NE 68128				
5.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
5.2 NAME	James C. Blue				
5.3 STREET ADDRESS	4007 Harbor Walk Lane				
5.4 CITY-ST-ZIP	Ft. Collins, CO 80525				
6.1 TITLE	Ass't Corporate Secretary	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
6.2 NAME	David G. Withers				
6.3 STREET ADDRESS	8108 North 40 Street				
6.4 CITY-ST-ZIP	Omaha, NE 68112				

SIGNATURE:

*Debra L. Keith* REDEBRED Keith, VP-Tax

4/22/99

(402) 595-4575

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)