

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

FILED

May 14 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Northam Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P09904** (4)

1. Corporation Name
MORAN FOODS, INC.

Principal Place of Business

**8474 DELPORT DRIVE
ST. LOUIS MO 63114**

Mailing Address

**P.O. BOX 990- TAX DEPT
MINNEAPOLIS MN 55440
US**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 04/24/1986	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 43-1283296	Applied For <input type="checkbox"/> Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
24	Country	29	Country	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent	
CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION FL 33324				81	Name
				82	Street Address (P.O. Box Number is Not Acceptable)
				83	
				84	City
				85	Zip Code

FL

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

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

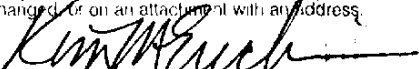
(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MORAN, WILLIAM M. JR.	1.2 NAME	
STREET ADDRESS	8474 DELPORT DRIVE	1.3 STREET ADDRESS	
CITY-ST-ZIP	ST. LOUIS MO	1.4 CITY-ST-ZIP	
TITLE	S	2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JOHNSON, TERESA H	2.2 NAME	
STREET ADDRESS	11840 VALLEY VIEW ROAD	2.3 STREET ADDRESS	
CITY-ST-ZIP	EDEN PRAIRIE MN	2.4 CITY-ST-ZIP	Eden Prairie, MN 55344
TITLE	VC	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HIGGS, JOSEPH	3.2 NAME	
STREET ADDRESS	8474 DELPORT DRIVE	3.3 STREET ADDRESS	
CITY-ST-ZIP	ST LOUIS MO	3.4 CITY-ST-ZIP	
TITLE	V	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BOEHNNEN, DAVID L	4.2 NAME	
STREET ADDRESS	11840 VALLEY VIEW ROAD	4.3 STREET ADDRESS	
CITY-ST-ZIP	EDEN PRAIRIE MN	4.4 CITY-ST-ZIP	
TITLE	D	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HEYING, GREGORY C	5.2 NAME	
STREET ADDRESS	11840 VALLEY VIEW ROAD	5.3 STREET ADDRESS	
CITY-ST-ZIP	EDEN PRAIRIE MN	5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:



Kim M. Erickson, VP/Treasurer 4/10/98 612 828 4471

CR2E034 (10/97)