FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

95 MAY -1 AM 8:06

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P15363** **(5)**

1. Corporation Name

CONAGRA PET PRODUCTS COMPANY

Principal Place of Business	Mailing Address
ONE CONAGRA DRIVE CC-360 OMAHA NE 68102-2001	ONE CONAGRA DRIVE CC-360 OMAHA NE 68102-2001

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **07/28/1987**
3a. Date of Last Report: **04/14/1994**

2. Principal Place of Business (21)
2a. Mailing Address (26)
4. FEI Number: **47-0525986** ☐ Applied For ☐ Not Applicable
Suite, Apt. #, etc (22) (27)
5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
City & State (23) (28)
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
Zip (24) Country (25) Zip (29) Country (30)
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☑ Yes ☐ No

9. Name and Address of Current Registered Agent

THE PRENTICE-HALL CORPORATION SYSTEM INC.
1201 HAYS STREET
SUITE 105
TALLAHASSEE FL 32301

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	11 TITLE	☑ Change ☐ Addition
NAME	STEWART, PATRICK K.	12 NAME	Patrick J. Stewart
STREET ADDRESS	3343 ARDEN	13 STREET ADDRESS	10327 Fieldcrest Cr. #13
CITY ST ZIP	HAWYARD CA	14 CITY ST ZIP	Omaha, NE 68114
TITLE	VTS	21 TITLE	☐ Change ☐ Addition
NAME	THOMAS, L.B.	22 NAME	
STREET ADDRESS	ONE CONAGRA DR	23 STREET ADDRESS	
CITY ST ZIP	OMAHA NE	24 CITY ST ZIP	
TITLE	AS	31 TITLE	☐ Change ☐ Addition
NAME	BADBERG, SUE	32 NAME	
STREET ADDRESS	ONE CONAGRA DR	33 STREET ADDRESS	
CITY ST ZIP	OMAHA NE	34 CITY ST ZIP	
TITLE	V	41 TITLE	☐ Change ☐ Addition
NAME	DILL, J.J.	42 NAME	
STREET ADDRESS	ONE CONAGRA DR	43 STREET ADDRESS	
CITY ST ZIP	OMAHA NE	44 CITY ST ZIP	
TITLE	D	51 TITLE	☐ Change ☐ Addition
NAME	TINDALL, JAMES R.	52 NAME	
STREET ADDRESS	9988 SPRINGS ST	53 STREET ADDRESS	
CITY ST ZIP	OMAHA NE	54 CITY ST ZIP	
TITLE	D	61 TITLE	☐ Change ☐ Addition
NAME	GOSLEE, DWIGHT	62 NAME	
STREET ADDRESS	20965 ROUNDUP ROAD	63 STREET ADDRESS	
CITY ST ZIP	ELKHORN NE	64 CITY ST ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemptions 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: John J. Dill 4/26/95
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date

John J. Dill

0385702 CP