FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

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

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

3. Date Incorporated or Qualified: **07/28/1987**

3a. Date of Last Report: **05/01/1995**

4. FEI Number: **47-0525986** ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

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 _____ DATE

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent must sign above. Failure to sign will delay processing.)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	P	☐ DELETE	11 TITLE	P	☒ Change ☐ Addition
NAME	STEWART, PATRICK K.		12 NAME	Thurmond Jones	
STREET ADDRESS	10327 FIELDCREST CR. #13		13 STREET ADDRESS	3220 142nd Circle N	
CITY-ST-ZIP	OMAHA NE		14 CITY-ST-ZIP	Omaha, NE 68164	
TITLE	VTS	☐ DELETE	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	☐ DELETE	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	☐ DELETE	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	☐ DELETE	51 TITLE	D	☒ Change ☐ Addition
NAME	TINDALL, JAMES R.		52 NAME	James D. Watkins	
STREET ADDRESS	9968 SPRINGS ST		53 STREET ADDRESS	15270 Fish Point Road	
CITY-ST-ZIP	OMAHA NE		54 CITY-ST-ZIP	Prior Lake, MN 55372	
TITLE	D	☐ DELETE	61 TITLE	D	☒ Change ☐ Addition
NAME	GOSLEE, DWIGHT		62 NAME	Ken DiFonzo	
STREET ADDRESS	20965 ROUNDUP ROAD		63 STREET ADDRESS	16646 Howard Circle	
CITY-ST-ZIP	ELKHORN NE		64 CITY-ST-ZIP	Omaha, NE 68118	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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: _____ 3/25/96 402-595-4305

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (12/95)