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 # P21658 (0)

1. Corporation Name
UAP/GA AG CHEM, INC.

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

Mailing Address
ONE CONAGRA DRIVE CC-360
OMAHA NE 68102-2001

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 11/08/1988
3a. Date of Last Report: 04/14/1994

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip 24 Country 25

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip 29 Country 30

4. FEI Number: 47-0648557 ☐ 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

12. OFFICERS AND DIRECTORS

TITLE	P
NAME	BLUE, JAMES C.
STREET ADDRESS	1601 SOUTH HUNTER DRIVE
CITY-ST-ZIP	PLANT CITY FL
TITLE	V
NAME	DILL, JOHN J.
STREET ADDRESS	ONE CONAGRA DR
CITY-ST-ZIP	OMAHA NE
TITLE	AS
NAME	BADBERG, SUE
STREET ADDRESS	ONE CONAGRA DR
CITY-ST-ZIP	OMAHA NE
TITLE	TD
NAME	THOMAS, L.B.
STREET ADDRESS	ONE CONAGRA DR
CITY-ST-ZIP	OMAHA NE
TITLE	D
NAME	MCKINNERNEY, FLOYD
STREET ADDRESS	4687 18TH STREET
CITY-ST-ZIP	GREELEY CO
TITLE	D
NAME	GOSLEE, DWIGHT
STREET ADDRESS	20965 ROUNDUP ROAD
CITY-ST-ZIP	ELKHORN NE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1 1 TITLE ☐ Change ☐ Addition
1 2 NAME
1 3 STREET ADDRESS
1 4 CITY-ST-ZIP

2 1 TITLE ☐ Change ☐ Addition
2 2 NAME
2 3 STREET ADDRESS
2 4 CITY-ST-ZIP

3 1 TITLE ☐ Change ☐ Addition
3 2 NAME
3 3 STREET ADDRESS
3 4 CITY-ST-ZIP

4 1 TITLE ☐ Change ☐ Addition
4 2 NAME
4 3 STREET ADDRESS
4 4 CITY-ST-ZIP

5 1 TITLE ☐ Change ☐ Addition
5 2 NAME
5 3 STREET ADDRESS
5 4 CITY-ST-ZIP

6 1 TITLE ☐ Change ☐ Addition
6 2 NAME
6 3 STREET ADDRESS
6 4 CITY-ST-ZIP

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(1)(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 — SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
John J. Dill

4/26/95 Date — Daytime Phone #

0388703 CP