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PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P21658

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

4. FEI Number

47-0648557

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax.

☐ Yes

☐ No

2. Principal Place of Business

21 One ConAgra Drive CC241

Suite, Apt. #, etc.

22 City & State

23 Zip

Country

24

25

2a. Mailing Address

26 One ConAgra Drive CC241

Suite, Apt. #, etc.

27 City & State

28 Zip

Country

29

30

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE P ☐ DELETE

NAME COOK, RANDY G
STREET ADDRESS 8806 SILVERBARK DR
CITY-ST-ZIP GERMANTOWN TN 38138

TITLE V ☐ DELETE

NAME KEITH, DEBRA L
STREET ADDRESS 2918 BLACKHAWK CIR
CITY-ST-ZIP OMAHA NE 68123

TITLE AS ☒ DELETE

NAME BADBERG, SUE
STREET ADDRESS ONE CONAGRA DR
CITY-ST-ZIP OMAHA NE

TITLE TD ☒ DELETE

NAME LACEY, M E
STREET ADDRESS 9519 PARKER ST
CITY-ST-ZIP OMAHA NE 68114

TITLE D ☒ DELETE

NAME MCKINNERNEY, FLOYD
STREET ADDRESS 4687 18TH STREET
CITY-ST-ZIP GREELEY CO

TITLE D ☐ DELETE

NAME DIFONZO, KEN
STREET ADDRESS 16646 HOWARD CIR
CITY-ST-ZIP OMAHA NE 68118

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

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

VP-Tax

Ass't Corporate Secretary
David G. Withers
8105 North 40 Street
Omaha, NE 68112

D
James P. O'Donnell
1129 South 181 Plaza
Omaha, NE 68130

D
James C. Blue
4007 Harbor Walk Lane
Ft. Collins, CO 80525

VP & Controller, & D

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, with all other like empowered.

SIGNATURE:

Debra L. Keith
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Debra L. Keith, VP-Tax

4/22/99

(402) 595-4575

Date

Daytime Phone #

CR2E034 (1/98)