

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 14, 2001 8:00 am
Secretary of State

05-14-2001 90009 045 ***150.00

DOCUMENT # P21658

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

Principal Place of Business ONE CONAGRA DRIVE CC241 OMAHA NE 68102-2001	Mailing Address ONE CONAGRA DRIVE CC241 OMAHA NE 68102-2001
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address		4. FEI Number 47-0648557		Applied For
Suite, Apt. #, etc.		Suite, Apt. #, etc.				Not Applicable
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		
Zip	Country	Zip	Country			
68102-5001		68102-5001				

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
THE PRENTICE-HALL CORPORATION SYSTEM INC. 1201 HAYS STREET SUITE 105 TALLAHASSEE FL 32301		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		City	FL

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>		DATE _____	
9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>		FILE NOW!!! FEE IS \$150.00 After MAY 1, 2001 Fee will be \$550.00 Make Check Payable to Department of State	
		10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	P <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COOK, RANDY G	NAME	
STREET ADDRESS	7560 PRICE CT	STREET ADDRESS	
CITY-ST-ZIP	FORT COLLINS CO 80528	CITY-ST-ZIP	
TITLE	V <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KEITH, DEBRA L	NAME	
STREET ADDRESS	2918 BLACKHAWK CIR	STREET ADDRESS	
CITY-ST-ZIP	OMAHA NE 68123	CITY-ST-ZIP	
TITLE	ACS <input checked="" type="checkbox"/> Delete	TITLE	Assistant Corporate Secretary <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WITHERS, DAVID G	NAME	Kevin L. Wedeking
STREET ADDRESS	8105 NORTH 40 STREET	STREET ADDRESS	14466 Grant Street
CITY-ST-ZIP	OMAHA NE 68112	CITY-ST-ZIP	Omaha, NE 68116
TITLE	DS <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	O'DONNELL, JAMES P	NAME	
STREET ADDRESS	1126 SOUTH 181ST PLAZA	STREET ADDRESS	
CITY-ST-ZIP	OMAHA NE 68130	CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> Delete	TITLE	Director <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BLUE, JAMES C	NAME	Floyd McKinnerney
STREET ADDRESS	4007 HARBOR WALK LANE	STREET ADDRESS	9309 FM 462 N
CITY-ST-ZIP	FT COLLINS CO 80525	CITY-ST-ZIP	Hondo, TX 78861
TITLE	VCD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BOLDING, JAY D	NAME	
STREET ADDRESS	1625 N 129TH ST	STREET ADDRESS	
CITY-ST-ZIP	OMAHA NE 68154	CITY-ST-ZIP	

13. 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Debra L Keith **Debra L. Keith** **4/24/01** **(402) 595-4575**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)