

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 29, 2002 8:00 am
Secretary of State

05-29-2002 93660 032 ***150.00

DOCUMENT # P21658

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

Principal Place of Business Mailing Address
ONE CONAGRA DRIVE **ONE CONAGRA DRIVE**
CC241 **CC241**
OMAHA NE 68102-5001 **OMAHA NE 68102-5001**

2. Principal Place of Business 3. Mailing Address
 Suite, Apt. #, etc. Suite, Apt. #, etc.
 City & State City & State

Zip Country Zip Country

4. FEI Number **47-0648557** Applied For
 Not Applicable

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

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** Zip Code

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After May 1, 2002 Fee will be \$550.00
Make Check Payable to Department of State

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

11. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	COOK, RANDY G	
STREET ADDRESS	7580 PRICE CT	
CITY-ST-ZIP	FORT COLLINS CO 80528	
TITLE	V	<input type="checkbox"/> Delete
NAME	KEITH, DEBRA L	
STREET ADDRESS	2918 BLACKHAWK CIR	
CITY-ST-ZIP	OMAHA NE 68123	
TITLE	ACS	<input type="checkbox"/> Delete
NAME	WEDEKING, KEVIN L	
STREET ADDRESS	14468 GRANT STREET	
CITY-ST-ZIP	OMAHA NE 68116	
TITLE	DS	<input type="checkbox"/> Delete
NAME	O'DONNELL, JAMES P	
STREET ADDRESS	1128 SOUTH 181ST PLAZA	
CITY-ST-ZIP	OMAHA NE 68130	
TITLE	D	<input type="checkbox"/> Delete
NAME	MCKINNERNEY, FLOYD	
STREET ADDRESS	8309 FM 462 N	
CITY-ST-ZIP	HONDO TX 78861	
TITLE	VCD	<input type="checkbox"/> Delete
NAME	BOLDING, JAY D	
STREET ADDRESS	1625 N 129TH ST	
CITY-ST-ZIP	OMAHA NE 68154	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
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)(f), 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**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/17/02

Date

(402) 595-4206

Daytime Phone #

CR2E034 (9/01)