

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 25, 2004 8:00 am
Secretary of State

02-25-2004 90031 031 ***150.00

DOCUMENT # P21658

1. Entity Name

UAP/GA AG CHEM, INC.



Principal Place of Business

ONE CONAGRA DRIVE
CC241
OMAHA NE 68102-5001

Mailing Address

ONE CONAGRA DRIVE
CC241
OMAHA NE 68102-5001

54011363



MOORE CR2E034 (11/03)

2. Principal Place of Business

7251 W. 4th Street

3. Mailing Address

7251 W. 4th Street

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Greeley, CO

City & State

Greeley, CO

Zip

80634

Country

USA

Zip

80634

Country

USA

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

THE PRENTICE-HALL CORPORATION SYSTEM INC.
1201 HAYS STREET
SUITE 105
TALLAHASSEE FL 32301

7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!!! FEE IS \$150.00

After May 1, 2004 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE P ☒ Delete
NAME BOYCE, ROBERT A
STREET ADDRESS 2505 W SHAW AVE #101
CITY-ST-ZIP FRESNO CA 93720

TITLE V ☒ Delete
NAME KEITH, DEBRA L
STREET ADDRESS ONE CONAGRA DRIVE
CITY-ST-ZIP OMAHA NE 68102-5001

TITLE ATAC ☒ Delete
NAME WEDEKING, KEVIN L
STREET ADDRESS ONE CONAGRA DRIVE
CITY-ST-ZIP OMAHA NE 68102-5001

TITLE VSD ☒ Delete
NAME O'DONNELL, JAMES P
STREET ADDRESS ONE CONAGRA DRIVE
CITY-ST-ZIP OMAHA NE 68102-5001

TITLE D ☒ Delete
NAME HECKMAN, GREGORY A
STREET ADDRESS ELEVEN CONAGRA DRIVE
CITY-ST-ZIP OMAHA NE 68102-5001

TITLE VCD ☒ Delete
NAME BOLDING, JAY D
STREET ADDRESS ONE CONAGRA DRIVE
CITY-ST-ZIP OMAHA NE 68102-5001

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE EVA ☐ Change ☒ Addition
NAME David W. Bullock
STREET ADDRESS 7251 W. 4th Street
CITY-ST-ZIP Greeley, CO 80634

TITLE Assistant Secretary ☐ Change ☒ Addition
NAME Ricky Cook
STREET ADDRESS 7251 W. 4th Street
CITY-ST-ZIP Greeley, CO 80634

TITLE Assistant Secretary ☐ Change ☒ Addition
NAME Jack Quinn
STREET ADDRESS 7251 W. 4th Street
CITY-ST-ZIP Greeley, CO 80634

TITLE Assistant Secretary ☐ Change ☒ Addition
NAME Donnie R. Smith
STREET ADDRESS 7251 W. 4th Street
CITY-ST-ZIP Greeley, CO 80634

TITLE VP and Secretary ☐ Change ☒ Addition
NAME Todd A. Suko
STREET ADDRESS 7251 W. 4th Street
CITY-ST-ZIP Greeley, CO 80634

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

On Rllh

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/18/04

Date

970 347 1516

Daytime Phone #