


FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

**FILED**  
**May 05, 1999 8:00 am**  
**Secretary of State**

05-05-1999 90169 023 \*\*\*150.00

PROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # P26726**

1. Corporation Name  
**EXCEL COUNTRY FRESH MEATS COMPANY**

Principal Place of Business 151 NORTH MAIN 9TH FLOOR WICHITA KS 67202 US	Mailing Address <del>15407 MCGINTY ROAD, WAYZATA, MN</del> P.O. BOX 5626 MS 26 MINNEAPOLIS MN 55440-5626 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip Country	28 Zip Country
24	29
25	30

3. Date Incorporated or Qualified <b>10/27/1989</b>	
4. FEI Number <b>75-1449430</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**CT CORPORATION SYSTEM  
 1200 S. PINE ISLAND ROAD  
 PLANTATION FL 33324**

10. Name and Address of New Registered Agent

81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	PAGE, GREGORY R.	
STREET ADDRESS	15615 MCGINTY RD.	
CITY-ST-ZIP	WAYZATA MN	
TITLE	S	<input type="checkbox"/> DELETE
NAME	MIERS, KEITH R	
STREET ADDRESS	2901 N MEAD	
CITY-ST-ZIP	WICHITA KS	
TITLE	T	<input type="checkbox"/> DELETE
NAME	VEAZEY, WILLIAM W.	
STREET ADDRESS	15615 MCGINTY ROAD	
CITY-ST-ZIP	WAYZATA MN	
TITLE	V	<input checked="" type="checkbox"/> DELETE
NAME	BARNETT, BRUCE H.	
STREET ADDRESS	15407 MCGINTY ROAD	
CITY-ST-ZIP	WAYZATA MN	
TITLE	AS	<input type="checkbox"/> DELETE
NAME	SMITH, JEANNE Y.	
STREET ADDRESS	15615 MCGINTY ROAD	
CITY-ST-ZIP	WAYZATA MN	
TITLE	D	<input type="checkbox"/> DELETE
NAME	MICEK, ERNEST S	
STREET ADDRESS	15615 MCGINTY RD	
CITY-ST-ZIP	WAYZATA MN	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	AS
4.3 STREET ADDRESS	Patrice H. Halbach
4.4 CITY-ST-ZIP	15407 McGinty Rd. Wayzata, MN 55391
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

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: *Patrice H. Halbach* **SIGNED** *Patrice H. Halbach* Date: **4/29/99** Daytime Phone #: **612-742-6406**

CR2E034 (11/98)