FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

95 MAY -1 AM 8:06

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P27542** **(0)**

1. Corporation Name

LAMB-WESTON, INC.

Principal Place of Business	Mailing Address
8701 WEST GAGE BLVD. P.O. BOX C1900 TRI-CITIES WA 99301-8720	ONE CONAGRA DR CC-360 OMAHA NE 68102 US

DO NOT WRITE IN THIS SPACE

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

3. Date Incorporated or Qualified: **01/02/1990**

3a. Date of Last Report: **04/14/1994**

4. FEI Number: **47-0717390** ☐ Applied For ☐ Not Applicable

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

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

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☑ Yes ☐ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
THE PRENTICE-HALL CORPORATION SYSTEM INC. 1201 HAYS STREET SUITE 105 TALLAHASSEE FL 32301	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 _____ DATE _____
(Typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when manually signing)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	11 TITLE	☑ Change ☐ Addition
NAME	WATKINS, JAMES D.	12 NAME	Richard PORTER
STREET ADDRESS	7450 METRO BLVD	13 STREET ADDRESS	4106 W 19th St
CITY ST ZIP	EDINA MN	14 CITY ST ZIP	Kennewick, Wa 99337
TITLE	S	21 TITLE	AS ☑ Change ☐ Addition
NAME	BADBERG, SUE	22 NAME	
STREET ADDRESS	4629 CAPITOL AVE.	23 STREET ADDRESS	
CITY ST ZIP	OMAHA NE	24 CITY ST ZIP	
TITLE	T	31 TITLE	☐ Change ☐ Addition
NAME	THOMAS, L. B.	32 NAME	
STREET ADDRESS	ONE CONAGRA DRIVE	33 STREET ADDRESS	
CITY ST ZIP	OMAHA NE	34 CITY ST ZIP	
TITLE	PD	41 TITLE	☐ Change ☐ Addition
NAME	FLETCHER, PHILIP B.	42 NAME	
STREET ADDRESS	ONE CONAGRA DRIVE	43 STREET ADDRESS	
CITY ST ZIP	OMAHA NE	44 CITY ST ZIP	
TITLE	V	51 TITLE	☐ Change ☐ Addition
NAME	DILL, JOHN J.	52 NAME	
STREET ADDRESS	326 S. 124TH ST	53 STREET ADDRESS	
CITY ST ZIP	OMAHA NE	54 CITY ST ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY ST ZIP		64 CITY ST ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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 changed, or on an attachment with an address.

SIGNATURE: John J. Dill 4/26/95
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date

John J. Dill

0348693 CP