FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

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

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

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

3a. Date of Last Report: **05/01/1995**

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

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

10. Name and Address of New Registered Agent

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 _____ (Signature, typed or printed name of registered agent or authorized officer) (NOTE: Registered Agent signature required for certain filings) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	RICHARD PORTER		1.2 NAME		
STREET ADDRESS	4806 W. 19TH ST		1.3 STREET ADDRESS		
CITY-ST-ZIP	KENNEWICK WA		1.4 CITY-ST-ZIP		
TITLE	AS	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	BADBERG, SUE		2.2 NAME		
STREET ADDRESS	4629 CAPITOL AVE.		2.3 STREET ADDRESS		
CITY-ST-ZIP	OMAHA NE		2.4 CITY-ST-ZIP		
TITLE	T	☐ DELETE	3.1 TITLE	S	☒ Change ☐ Addition
NAME	THOMAS, L. B.		3.2 NAME		
STREET ADDRESS	ONE CONAGRA DRIVE		3.3 STREET ADDRESS		
CITY-ST-ZIP	OMAHA NE		3.4 CITY-ST-ZIP		
TITLE	PD	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	FLETCHER, PHILIP B.		4.2 NAME		
STREET ADDRESS	ONE CONAGRA DRIVE		4.3 STREET ADDRESS		
CITY-ST-ZIP	OMAHA NE		4.4 CITY-ST-ZIP		
TITLE	V	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	DILL, JOHN J.		5.2 NAME		
STREET ADDRESS	326 S. 124TH ST		5.3 STREET ADDRESS		
CITY-ST-ZIP	OMAHA NE		5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE	T	☐ Change ☐ Addition
NAME			6.2 NAME	James P. O'Donnell	
STREET ADDRESS			6.3 STREET ADDRESS	11524 Leavenworth St	
CITY-ST-ZIP			6.4 CITY-ST-ZIP	Omaha, NE 68118	

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 if changed, or on an attachment with an address.

SIGNATURE: John J Dill 3/25/96 402-595-4305

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (12/95)