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

**PROFIT** CORPORATION **ANNUAL REPORT** 

1997



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Socretary of State DIVISION OF CORPORATIONS

DOCUMENT #

(0)

LAMB-WESTON, INC.

FILED
Apr 29 1997 8:00am
Secretary of State

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Principal Place of Business Mailing Address  8701 WEST GAGE BLVD. ONE CONAGRA DR P.O. BOX C1800 CC-360 TRI-CITIES WA 98301-8720 OMAHA NE 68102-5094										
		US	US		3. Date Incorporated or Qualified 01/02/1990	3a. Date of t.ast Fleport 04/08/1996				
L	lace of Business	2a. Mailing Address				4. FEI Number			Applied For	
21 Suite, Apt.	# oto	Suite, Apt. #, etc.				47-0717390		1	15t Applicable	
22 Suite, Apr.	w, otc.	27 Stille, April 4, etc.				5. Certificate of Status Desired		,	Additional Required	
I City & State	6	City & State				6. Election Campaign Financing		\$5.00	0 May Bo	
23		28				Trust Fund Contribution			to Fees	
Zip	Country	7 <sub>(P</sub>	Count	гу		8. This corporation has liability for intangible tax under s. 199.032,				
24	25 9. Name and Address of Curre	29  68102-5001	[30]			Florida Statutes L  10. Name and Address of New Re		No		
TUC				11 N	Varne	TU, Name and Address of New Re	gistered	Agent		
4	: Prentice-Hall Corporatio 1 Hays Street	IN STOTEM INC.								
	TE 105		8	2 8	Street Addres	ss (P.O. Box Number is Not Acceptat	ole)			
	LAHASSEE FL 32301		8	3						
			8	4 C	City		<b></b> 1	85 Zir	Code	
11 Pursuant	to the provisions of Sections 607 05	02 and 607 1508 Florida Statut	on the she	VO D	amad carpo	vistion cubraite this statement for the	FL	•	ite registered	
office or r agent. I a	egistered agent, or both, in the State im familiar with, and accept the oblig	e of Florida. Such change was gations of, Section 607.0505, FI	authorized orida Statul	by th	e corporatio	ration submits this statement for the p in's board of directors. I horeby acce	of the app	pointment a	s registered	
SIGNATURE		a a second								
12.	Signature, typed or printed name of registered ag Of FICE RS AA	icet and the if applicable (NOT ND DIRECTORS	E Registered A	gent si	ignature required	twhen reinstaling) ADDITIONS/CHANGES TO OFFICE	DATE PEDS ANI	DIDECTO	DC IN 12	
TITLE	PĎ	DELETE	1.1 101.			ADDITIONS/OFFACES TO OFFIC	ZETIO AIVI	Change		
NAME	RICHARD PORTER		1.2 NAM						£3	
STREET ADDRESS	4806 W. 19TH ST		1.8 STRE	ET ADL	DRESS					
CITY-ST-ZIP	KENNEWICK WA		14 CITY	· S1 · 7	TP					
TITLE	AS	☐ DELETE	2111111					☐ Change	Addition	
NAME	BADBERG, SUE		22 NAM	ſ						
STREET ADORESS	4629 CAPITOL AVE.		2 8 STHE		!					
CITY-ST-ZIP	OMAHA NE S	<b>⊠</b> DELETE	2 4 011		···			Change	* Addition	
TITLE NAME	THOMAS, L. B.	ET pririt	3 1 1HLI 32 NAM			cretary 1t Casey		Change	<b>₽</b> _ Hannoh	
STREET ADDRESS	ONE CONAGRA DRIVE		3.3 STRE		neres 414	4 Martin Drive N.			:	
CITY-ST-ZIP	OMAHA NE		34, D(1)		Вe.	llevue, NE 68005				
TITLE	PD	DELETE	4111111			rector		K Change	Addition	
name	FLETCHER, PHILIP B.		4 2 NAM	16						
STREET ADDRESS	ONE CONAGRA DRIVE		4.3 STHI	ET ADE	DRESS					
CITY-ST-ZIP	omaha ne		4.4 City	· S! - Z	TP					
TITLE	٧	DELETE	51100					Change	Addition	
NAME	DILL, JOHN J.		52 NAM							
·STREET ADDRESS	328 S. 124TH ST		53 STRE		!					
CITY-ST-ZIP	OMAHA NE	There is a second	54 CITY		'P				7.135	
TITLE	IAMES D OIDSHAELL	DELETE	61 11711		1			L Change	Addition	
NAME	JAMES P O'DONNELL		62 NAM							
STREET ADDRESS	11524 LEAVENWORTH ST		63 STRE							
CITY-ST-ZIP	OMAHA NE		64 CITY	- S1 - 7	<sup>rg</sup> 1					

I do 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 eath; 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 etunged, or on an attaching twith an address.