


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

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Apr 01 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P27542** (0)

1. Corporation Name
LAMB-WESTON, INC.

Principal Place of Business

**8701 WEST GAGE BLVD.
P.O. BOX C1800
TRI-CITIES WA 99301-8720**

Mailing Address

**ONE CONAGRA DR
CC-360
OMAHA NE 68102
US**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 01/02/1990	
21		26		4. FEI Number 47-0717390	Applied For <input type="checkbox"/> Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
22		27		6. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees	
City & State		City & State		Trust Fund Contribution <input type="checkbox"/>	
23		28		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	
Zip	Country	Zip	Country		
24		29			

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
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 and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	<input type="checkbox"/> DELETE	1.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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	<input type="checkbox"/> DELETE	2.1 TITLE	Vice President-Treasurer	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BADBERG, SUE		2.2 NAME	Lacey, M.E.	
STREET ADDRESS	4629 CAPITOL AVE.		2.3 STREET ADDRESS	9519 Parker Street	
CITY-ST-ZIP	OMAHA NE		2.4 CITY-ST-ZIP	Omaha, NE 68114	
TITLE	S	<input checked="" type="checkbox"/> DELETE	3.1 TITLE	Vice President - Tax	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CASEY, WALT		3.2 NAME	Keith, Debra L.	
STREET ADDRESS	414 MARTIN DR N		3.3 STREET ADDRESS	2918 Blackhawk Circle	
CITY-ST-ZIP	BELLEVUE NE		3.4 CITY-ST-ZIP	Omaha, NE 68123	
TITLE	D	<input checked="" type="checkbox"/> DELETE	4.1 TITLE	Vice President, Secretary	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	FLETCHER, PHILIP B.		4.2 NAME	O'Donnell, James P.	
STREET ADDRESS	ONE CONAGRA DRIVE		4.3 STREET ADDRESS	15724 Leavenworth Street	
CITY-ST-ZIP	OMAHA NE		4.4 CITY-ST-ZIP	Omaha, NE 68118	
TITLE	V	<input checked="" type="checkbox"/> DELETE	5.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DILL, JOHN J.		5.2 NAME	Rohde, Bruce C.	
STREET ADDRESS	326 S. 124TH ST		5.3 STREET ADDRESS	843 South 96th Street	
CITY-ST-ZIP	OMAHA NE		5.4 CITY-ST-ZIP	Omaha, NE 68114	
TITLE	T	<input type="checkbox"/> DELETE	6.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JAMES P O'DONNELL		6.2 NAME	James P. O'Donnell	
STREET ADDRESS	11524 LEAVENWORTH ST		6.3 STREET ADDRESS	15724 Leavenworth Street	
CITY-ST-ZIP	OMAHA NE		6.4 CITY-ST-ZIP	Omaha, NE	

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.

SIGNATURE:

Debra L. Keith

VICE PRESIDENT - TAX

3/25/98

(402) 595-4080

CR2E034 (10/97)