


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

FILED
May 04, 1999 8:00 am
Secretary of State

05-04-1999 90120 005 ***150.00

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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P27542

1. Corporation Name
LAMB-WESTON, INC.

Principal Place of Business
8701 WEST GAGE BLVD.
P.O. BOX C1900
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 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country	2a. Mailing Address 26 One ConAgra Drive CC241 27 Suite, Apt. #, etc. 28 City & State 29 Zip Country
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3. Date Incorporated or Qualified 01/02/1990	4. FEI Number 47-0717390	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 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 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
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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	President only <input checked="" 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 checked="" type="checkbox"/> DELETE	2.1 TITLE	Ass't Corp Secretary <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BADBERG, SUE	2.2 NAME	David G. Withers
STREET ADDRESS	4629 CAPITOL AVE.	2.3 STREET ADDRESS	8105 North 40 Street
CITY-ST-ZIP	OMAHA NE	2.4 CITY-ST-ZIP	Omaha, NE 68112
TITLE	VPT <input checked="" type="checkbox"/> DELETE	3.1 TITLE	Ass't Controller <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LACEY, M E	3.2 NAME	David Richardson
STREET ADDRESS	9519 PARKER ST	3.3 STREET ADDRESS	232 Orchard Way
CITY-ST-ZIP	OMAHA NE 68114	3.4 CITY-ST-ZIP	Richland, VA 99352
TITLE	VP <input type="checkbox"/> DELETE	4.1 TITLE	VP & D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KEITH, DEBRA L	4.2 NAME	
STREET ADDRESS	2918 BLACKHAWK CIR	4.3 STREET ADDRESS	
CITY-ST-ZIP	OMAHA NE 68123	4.4 CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> DELETE	5.1 TITLE	Secretary & D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RHODE, BURCE C	5.2 NAME	James P. O'Donnell
STREET ADDRESS	843 SOUTH 96TH ST	5.3 STREET ADDRESS	1129 South 181 Plaza
CITY-ST-ZIP	OMAHA NE 68114	5.4 CITY-ST-ZIP	Omaha, NE 68130
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	Secretary & D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JAMES P O'DONNELL	6.2 NAME	
STREET ADDRESS	15724 LEAVENWORTH ST	6.3 STREET ADDRESS	1129 South 181 Plaza
CITY-ST-ZIP	OMAHA NE	6.4 CITY-ST-ZIP	Omaha, NE 68130

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: *Debra L Keith* DEBRA L. KEITH, VP-Tax

4/20/99

(402) 595-4575

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (1/98)