

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 21, 2000 8:00 am**  
**Secretary of State**

01-21-2000 90113 004 \*\*\*150.00

**DOCUMENT # P27542**

1. Entity 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  
CC241  
OMAHA NE 68102-5094  
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

**47-0717390**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

Signature: typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible  
Tax filing requirement and elects to do so.  
(See criteria on back) ☐

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2000 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	<b>RICHARD PORTER</b>	
STREET ADDRESS	<b>4806 W. 19TH ST</b>	
CITY-ST-ZIP	<b>KENNEWICK WA</b>	
TITLE	ACS	<input type="checkbox"/> Delete
NAME	<b>WITHERS, DAVID G</b>	
STREET ADDRESS	<b>8105 NORTH 40 STREET</b>	
CITY-ST-ZIP	<b>OMAHA NE 68112</b>	
TITLE	AC	<input type="checkbox"/> Delete
NAME	<b>RICHARDSON, DAVID</b>	
STREET ADDRESS	<b>232 ORCHARD WAY</b>	
CITY-ST-ZIP	<b>RICHLAND WA 99352</b>	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	<b>KEITH, DEBRA L</b>	
STREET ADDRESS	<b>2918 BLACKHAWK CIR</b>	
CITY-ST-ZIP	<b>OMAHA NE 68123</b>	
TITLE	SD	<input type="checkbox"/> Delete
NAME	<b>O'DONNELL, JAMES P</b>	
STREET ADDRESS	<b>1129 SOUTH 181 PLAZA</b>	
CITY-ST-ZIP	<b>OMAHA NE 68130</b>	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	<b>JAMES P O'DONNELL</b>	
STREET ADDRESS	<b>1129 SOUTH 181 PLAZA</b>	
CITY-ST-ZIP	<b>OMAHA NE 68130</b>	

TITLE	P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>Robert S. Horowitz</b>	
STREET ADDRESS	<b>2630 East Plateau Drive</b>	
CITY-ST-ZIP	<b>Boise, ID 83712</b>	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	VPT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>Linda S. Harty</b>	
STREET ADDRESS	<b>8565 Cedar Street</b>	
CITY-ST-ZIP	<b>Omaha, NE 68124</b>	

13. 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:**

*Debra L. Keith*  
**Debra L. Keith**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**1-23-00**

Date

**402-595-4575**

Daytime Phone #

CR2E034 (9/99)