

# 2001 UNIFORM BUSINESS REPORT (UBR)

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  
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, 2001 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  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
P  
HOROWITZ, ROBERT S  
2630 EAST PLATEAU DRIVE  
BOISE ID 83712 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
ACS  
WITHERS, DAVID G  
8105 NORTH 40 STREET  
OMAHA NE 68112 ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
Assistant Corporate Secretary ☐ Change ☒ Addition  
Kevin L. Wedeking  
14466 Grant Street  
Omaha, NE 68116

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
AC  
RICHARDSON, DAVID  
232 ORCHARD WAY  
RICHLAND WA 99352 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
VPD  
KEITH, DEBRA L  
2918 BLACKHAWK CIR  
OMAHA NE 68123 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
SD  
O'DONNELL, JAMES P  
1129 SOUTH 181 PLAZA  
OMAHA NE 68130 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
VPT  
HARTY, LINDA S  
8565 CEDAR STREET  
OMAHA NE 68124 ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
Treasurer ☐ Change ☒ Addition  
James P. O'Donnell  
1129 South 181st Plaza  
Omaha, NE 68130

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

4/24/01

(402)595-4575

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

971703



DO NOT WRITE IN THIS SPACE

CR2E034 (10/00)