

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 29, 2002 8:00 am**  
**Secretary of State**

05-29-2002 93660 022 \*\*\*150.00

**DOCUMENT # P27542**

1. Entity Name  
**LAMB-WESTON, INC.**

Principal Place of Business  
**6701 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  
**One ConAgra Drive**

3. Mailing Address

Suite, Apt. #, etc.  
**CC-237**

Suite, Apt. #, etc.

City & State  
**Omaha, NE**

City & State

4. FEI Number  
**47-0717390**

Applied For  
 Not Applicable

Zip  
**68102**

Country  
**USA**

Zip

Country

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 \_\_\_\_\_ (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, 2002 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	<b>P</b> <b>HOROWITZ, ROBERT S</b> <b>2630 EAST PLATEAU DRIVE</b> <b>BOISE ID 83712</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>ACS</b> <b>WEDEKING, KEVIN L</b> <b>14466 GRANT STREET</b> <b>OMAHA NE 68116</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>AC</b> <b>RICHARDSON, DAVID</b> <b>232 ORCHARD WAY</b> <b>RICHLAND WA 99352</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VPD</b> <b>KEITH, DEBRA L</b> <b>2918 BLACKHAWK CIR</b> <b>OMAHA NE 68123</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SD</b> <b>O'DONNELL, JAMES P</b> <b>1129 SOUTH 181 PLAZA</b> <b>OMAHA NE 68130</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T</b> <b>O'DONNELL, JAMES P</b> <b>1129 SOUTH 181ST PLAZA</b> <b>OMAHA NE 68130</b>	<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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**

4/17/02 (402) 595-4206

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)