

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 19, 2004 8:00 am
Secretary of State

04-19-2004 90341 019 ***150.00

DOCUMENT # P27542

1. Entity Name

LAMB-WESTON, INC.



Principal Place of Business

ONE CONAGRA DR
CC-237
OMAHA NE 68102

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	HOROWITZ, ROBERT S	
STREET ADDRESS	2630 EAST PLATEAU DRIVE	
CITY-ST-ZIP	BOISE ID 83712	
TITLE	ACS	<input checked="" type="checkbox"/> Delete
NAME	WEDEKING, KEVIN L	
STREET ADDRESS	ONE CONAGRA DRIVE	
CITY-ST-ZIP	OMAHA NE 68102	
TITLE	VP	<input type="checkbox"/> Delete
NAME	RICHARDSON, DAVID	
STREET ADDRESS	ONE CONAGRA DRIVE	
CITY-ST-ZIP	OMAHA NE 68102	
TITLE	VP	<input type="checkbox"/> Delete
NAME	KEITH, DEBRA L	
STREET ADDRESS	ONE CONAGRA DRIVE	
CITY-ST-ZIP	OMAHA NE 68102	
TITLE	VPSD	<input type="checkbox"/> Delete
NAME	O'DONNELL, JAMES P	
STREET ADDRESS	ONE CONAGRA DRIVE	
CITY-ST-ZIP	OMAHA NE 68102	
TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	O'DONNELL, JAMES P	
STREET ADDRESS	1129 SOUTH 181ST PLAZA	
CITY-ST-ZIP	OMAHA NE 68130	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DELAPP, JEFFERY J	
STREET ADDRESS	599 SOUTH RIVERSHORE LANE, NO BLDG	
CITY-ST-ZIP	EAGLE, ID 83616-4979	
TITLE	VP, C & D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BOLDING, JAY D	
STREET ADDRESS	ONE CONAGRA DRIVE	
CITY-ST-ZIP	OMAHA, NE 68102-5001	
TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RICHARDSON, DAVID H	
STREET ADDRESS	8701 WEST GAGE BLVD	
CITY-ST-ZIP	KENNEWICK, WA 99336	
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	VP, T & ACS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MESSER, SCOTT E	
STREET ADDRESS	ONE CONAGRA DRIVE	
CITY-ST-ZIP	OMAHA, NE 68102-5001	

12. 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 10 or Block 11 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

April 7, 2004 (402) 595-4553
Date Daytime Phone #