

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 28, 2003 8:00 am
Secretary of State

04-28-2003 91316 023 ***150.00

DOCUMENT 1 AT

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

4. FEI Number **47-0717390**

Applied For
Not Applicable

Zip

Country

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. 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, 2003 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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

TITLE **P** ☐ Change ☒ Addition
NAME **DeLapp, Jeffery J**
STREET ADDRESS **599 South Rivershore Lane, No. Building**
CITY-ST-ZIP **Eagle, ID 83616**

TITLE **ACS** ☐ Delete
NAME **WEDEKING, KEVIN L**
STREET ADDRESS **14466 GRANT STREET**
CITY-ST-ZIP **OMAHA NE 68116**

TITLE **AT/ACS** ☒ Change ☐ Addition
NAME **Wedeking, Kevin L**
STREET ADDRESS **One ConAgra Drive**
CITY-ST-ZIP **Omaha, NE 68102-5001**

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

TITLE **VP** ☒ Change ☐ Addition
NAME **Richardson, David H**
STREET ADDRESS **One ConAgra Drive**
CITY-ST-ZIP **Omaha, NE 68102-5001**

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

TITLE **VP** ☒ Change ☐ Addition
NAME **Keith, Debra L**
STREET ADDRESS **One ConAgra Drive**
CITY-ST-ZIP **Omaha, NE 68102-5001**

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

TITLE **VP/S/D** ☒ Change ☐ Addition
NAME **O'Donnell, James P**
STREET ADDRESS **One ConAgra Drive**
CITY-ST-ZIP **Omaha, NE 68102-5001**

TITLE **T** ☒ Delete
NAME **O'DONNELL, JAMES P**
STREET ADDRESS **1129 SOUTH 181ST PLAZA**
CITY-ST-ZIP **OMAHA NE 68130**

TITLE **VP/C/D** ☐ Change ☒ Addition
NAME **Bolding, Jay D**
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**

April 22, 2003

(402) 595-4206

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

CR2E034 (10/02)

Attachment
80095028
HP 27542

Directors, Officers Report

Lamb-Weston, Inc.

Tuesday, April 22, 2003

DIRECTORS

Jay Douglas Bolding **Director**
Primary Address: ConAgra Foods, Inc.
One ConAgra Drive
Omaha, NE 68102-5001 USA

James Patrick O'Donnell **Director**
Primary Address: ConAgra Foods, Inc.
One ConAgra Drive
Omaha, NE 68102-5001 USA

OFFICERS

Jeffery J. DeLapp **President**
Primary Address: 599 South Rivershore Lane, North Building
Eagle, ID 83616 US

Jay Douglas Bolding **Vice President & Controller**
Primary Address: ConAgra Foods, Inc.
One ConAgra Drive
Omaha, NE 68102-5001 USA

James Patrick O'Donnell **Vice President & Secretary**
Primary Address: ConAgra Foods, Inc.
One ConAgra Drive
Omaha, NE 68102-5001 USA

Debra Lynn Keith **Vice President, Tax**
Primary Address: ConAgra Foods, Inc.
One ConAgra Drive
Omaha, NE 68102-5001 USA

Scott Edward Messel **Vice President, Treasurer**
Primary Address: ConAgra Foods, Inc.
One ConAgra Drive
Omaha, NE 68102-5001 USA

David H. Richardson **Vice President**
Primary Address: ConAgra, Inc.
One ConAgra Drive
Omaha, NE 68102-5001

Rodney C. Jones **Assistant Secretary**
Primary Address: None given

Kevin Lynn Wedeking **Assistant Treasurer / Assistant Corporate Secretary**
Primary Address: ConAgra Foods, Inc.
One ConAgra Drive
Omaha, NE 68102-5001 USA