## 2022 FOREIGN PROFIT CORPORATION ANNUAL REPORT

**DOCUMENT# 821028** 

Entity Name: SMITHFIELD PACKAGED MEATS CORP.

**Current Principal Place of Business:** 

200 COMMERCE ST. SMITHFIELD, VA 23430

**Current Mailing Address:** 

200 COMMERCE ST.

SMITHFIELD, VA 23430 US

FEI Number: 36-2332471 Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION, FL 33324 US

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:

Electronic Signature of Registered Agent

Date

FILED Mar 31, 2022

**Secretary of State** 

5005462305CC

Officer/Director Detail:

Title VP Title VP

NameTURNER, V. T.NameDYKSTRA, TIMOTHY P.Address200 COMMERCE ST.Address200 COMMERCE ST.City-State-Zip:SMITHFIELD VA 23430City-State-Zip:SMITHFIELD VA 23430

Title DIRECTOR Title VP

NameNUNZIATA, GLENNNameBROBST, JR., ROBERT A.Address200 COMMERCE ST.Address200 COMMERCE ST.City-State-Zip:SMITHFIELD VA 23430City-State-Zip:SMITHFIELD VA 23430

Title VP Title PRESIDENT

NameFLEMMING, MICHAEL D.NameSTEWART, BRADYAddress200 COMMERCE ST.Address200 COMMERCE ST.City-State-Zip:SMITHFIELD VA 23430City-State-Zip:SMITHFIELD VA 23430

TitleVPTitleASSISTANT SECRETARYNameNUNZIATA, GLENNNameMARSHALL, CRAIGAddress200 COMMERCE ST.Address200 COMMERCE ST.

City-State-Zip: SMITHFIELD VA 23430 City-State-Zip: SMITHFIELD VA 23430

Continues on page 2

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: ROBERT A. BROBST, JR.

VICE PRESIDENT

03/31/2022

Electronic Signature of Signing Officer/Director Detail

Date

## Officer/Director Detail Continued:

Title SECRETARY Title DIRECTOR

NameCOLEMAN, DAVID L.NameCOLEMAN, DAVID L.Address200 COMMERCE ST.Address200 COMMERCE ST.City-State-Zip:SMITHFIELD VA 23430City-State-Zip:SMITHFIELD VA 23430