


FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
Apr 01 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # F95000004920 (3)
 1. Corporation Name
CTC NORTH AMERICA, INC.

Principal Place of Business ONE CONAGRA DR. CC 360 OMAHA NE 68102-5001 US	Mailing Address ONE CONAGRA DR. CC 360 OMAHA NE 68102-5001 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	10/11/1995	
22	City & State	27	City & State	4. FEI Number	
23	Zip	28	Zip	47-0676720	
24	Country	29	Country	Applied For	
25		30		Not Applicable	
9. Name and Address of Current Registered Agent				6. Certificate of Status Desired <input type="checkbox"/>	
THE PRENTICE-HALL CORPORATION SYSTEM, INC. 1201 HAYS STREET SUITE 105 TALLAHASSEE FL 32301				8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	
				\$8.75 Additional Fee Required	
				\$5.00 May Be Added to Fees	
				10. Name and Address of New Registered Agent	

81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	85 Zip Code
	FL

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VT <input type="checkbox"/> DELETE	1.1 TITLE	P <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	O'DONNELL, JAMES P	1.2 NAME	Abramson, Larry
STREET ADDRESS	15724 LEAVENWORTH ST.	1.3 STREET ADDRESS	181 Youngs Road
CITY-ST-ZIP	OMAHA NE	1.4 CITY-ST-ZIP	Mahwah, NJ 07430
TITLE	V <input checked="" type="checkbox"/> DELETE	2.1 TITLE	Vice President - Treasurer <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DILL, JOHN J	2.2 NAME	Lacey, M.E.
STREET ADDRESS	326 SOUTH 124TH ST.	2.3 STREET ADDRESS	9519 Parker Street
CITY-ST-ZIP	OMAHA NE	2.4 CITY-ST-ZIP	Omaha, NE 68114
TITLE	AS <input type="checkbox"/> DELETE	3.1 TITLE	Vice-President, Tax <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BADBERG, SUE E	3.2 NAME	Keith, Debra L.
STREET ADDRESS	4629 CAPITOL AVENUE	3.3 STREET ADDRESS	2918 Blackhawk Circle
CITY-ST-ZIP	OMAHA NE	3.4 CITY-ST-ZIP	Omaha, NE 68123
TITLE	D <input checked="" type="checkbox"/> DELETE	4.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	THOMAS, L B	4.2 NAME	O'Donnell, James P.
STREET ADDRESS	7813 PIERCE STREET	4.3 STREET ADDRESS	15724 Leavenworth Street
CITY-ST-ZIP	OMAHA NE	4.4 CITY-ST-ZIP	Omaha, NE 68118
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DIFONZO, KEN	5.2 NAME	
STREET ADDRESS	16646 HOWARD CIRCLE	5.3 STREET ADDRESS	
CITY-ST-ZIP	OMAHA NE	5.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MANUEL, TOM	6.2 NAME	
STREET ADDRESS	8903 DOUGLAS COURT	6.3 STREET ADDRESS	
CITY-ST-ZIP	OMAHA NE	6.4 CITY-ST-ZIP	

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Debra L Keith* VICE PRESIDENT - TAX 3/25/98 402 5954080

CR2E034 (10/97)