

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

**FILED**  
**May 04, 1999 8:00 am**  
**Secretary of State**

05-04-1999 90120 015 \*\*\*150.00

PROFIT CORPORATION  
 ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

**DOCUMENT # F95000004920**

1. Corporation Name  
**CTC NORTH AMERICA, INC.**



DO NOT WRITE IN THIS SPACE

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
--	---

3. Date Incorporated or Qualified <b>10/11/1995</b>
4. FEI Number <b>47-0676720</b>
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No

2. Principal Place of Business 21 <b>One ConAgra Drive CC241</b>	2a. Mailing Address 26 <b>One ConAgra Drive CC241</b>
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State	28 City & State
24 Zip	29 Country
25 Country	30 Zip

9. Name and Address of Current Registered Agent  
**THE PRENTICE-HALL CORPORATION SYSTEM, INC.**  
**1201 HAYS STREET**  
**SUITE 105**  
**TALLAHASSEE FL 32301**

10. Name and Address of New Registered Agent  
 81 Name  
 82 Street Address (P.O. Box Number is Not Acceptable)  
 83  
 84 City **FL** 85 Zip Code

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

TITLE	VT	<input type="checkbox"/> DELETE
NAME	O'DONNELL, JAMES P	
STREET ADDRESS	15724 LEAVENWORTH ST.	
CITY-ST-ZIP	OMAHA NE	
TITLE	P	<input type="checkbox"/> DELETE
NAME	ABRAMSON, LARRY	
STREET ADDRESS	181 YOUNGS RD	
CITY-ST-ZIP	MAHWAH NJ 07430	
TITLE	AS	<input checked="" type="checkbox"/> DELETE
NAME	BADBERG, SUE E	
STREET ADDRESS	4629 CAPITOL AVENUE	
CITY-ST-ZIP	OMAHA NE	
TITLE	VPT	<input checked="" type="checkbox"/> DELETE
NAME	LACEY, M E	
STREET ADDRESS	9519 PARKER ST	
CITY-ST-ZIP	OMAHA NE 68114	
TITLE	D	<input type="checkbox"/> DELETE
NAME	DIFONZO, KEN	
STREET ADDRESS	16646 HOWARD CIRCLE	
CITY-ST-ZIP	OMAHA NE	
TITLE	D	<input type="checkbox"/> DELETE
NAME	MANUEL, TOM	
STREET ADDRESS	8903 DOUGLAS COURT	
CITY-ST-ZIP	OMAHA NE	

13. D & ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	VP, Secretary	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME		
1.3 STREET ADDRESS	1129 South 181 Plaza	
1.4 CITY-ST-ZIP	Omaha, NE 68130	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE	Ass't Secretary	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	David G. Withers	
3.3 STREET ADDRESS	8105 North 40 Street	
3.4 CITY-ST-ZIP	Omaha, NE 68112	
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE	D & VP, Controller	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE	VP & D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS	11364 William Plaza	
6.4 CITY-ST-ZIP	Omaha, NE 68144	

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, with all other like empowered.

SIGNATURE: Debra A. Keith Debra A. Keith, VP-Tax 4/20/99 (402) 595-4575  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/98)