

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 01, 2000 8:00 am
Secretary of State

02-01-2000 90116 036 ****61.25

DOCUMENT # 790887

1. Entity Name

FARMLAND INDUSTRIES, INC.

Principal Place of Business

Mailing Address

3315 NORTH OAK TRAFFICWAY
 DEPT. 54
 KANSAS CITY MO 64116-2775
 US

P.O. BOX 7305
 DEPT. 54
 KANSAS CITY MO 64116-0005

B0011615



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

44-0209330

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

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

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.

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 \$61.25**

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input type="checkbox"/> Delete
NAME	CLEBERG, H.D.	
STREET ADDRESS	3315 N. OAK TRAFFICWAY, DEPT. 54	
CITY-ST-ZIP	KANSAS CITY, MO 64116	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	BEZNER, JODY	
STREET ADDRESS	3315 N OAK TRAFFICWAY, DEPT.54	
CITY-ST-ZIP	KANSAS CITY MO	
TITLE	T	<input type="checkbox"/> Delete
NAME	ROBERT, JEFFREY R	
STREET ADDRESS	3315 N OAK TRAFFICWAY, DEPT. 54	
CITY-ST-ZIP	KANSAS CITY MO	
TITLE	S	<input type="checkbox"/> Delete
NAME	SANDERS, BERNARD L	
STREET ADDRESS	3315 N OAK TRAFFICWAY, DEPT. 54	
CITY-ST-ZIP	KANSAS CITY MO	
TITLE	C	<input type="checkbox"/> Delete
NAME	SHIVLEY, ALBERT	
STREET ADDRESS	55 W. BROMLEY LN.	
CITY-ST-ZIP	BRIGHTON, CO 80601	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	DETEN, RICHARD L.	
STREET ADDRESS	RT. 1 BOX 655	
CITY-ST-ZIP	PONCA CITY OK	

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		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Roberts, Jeffrey R	
STREET ADDRESS	3315 N OAK Trafficway Dept 54	
CITY-ST-ZIP	Kansas City MO	
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		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 617, 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:

Jeffrey R. Roberts
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Jeffrey R. Roberts, Treasurer 1-27-00 816/459-5137

Date

Daytime Phone #