

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 806030

Entity Name: LAND O'LAKES, INC.

FILED
Apr 13, 2005
Secretary of State

Current Principal Place of Business:

4001 LEXINGTON AVE, N.
ARDEN HILLS, MN 551262998 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 64101
MS 2500
ST. PAUL, MN 55164 US

New Mailing Address:

FEI Number: 41-0365145 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: GHERTY, JOHN,
Address: 4001 LEXINGTON AVE. N.
City-St-Zip: ARDEN HILLS, MN 55112

Title: SRVP () Delete
Name: KNUTSON, DAN
Address: 4001 LEXINGTON AVE. N.
City-St-Zip: ARDEN HILLS, MN 55112

Title: CD () Delete
Name: FIFE, JIM
Address: 1101 N WENATCHEE AVENUE
City-St-Zip: WENATCHEE, WA 98807

Title: EVP () Delete
Name: HALVERSON, DUANE
Address: 1080 WEST COUNTY ROAD F
City-St-Zip: SHOREVIEW, MN 55126

Title: VP () Delete
Name: MARTIN, TIM
Address: 4001 NORTH LEXINGTON AVENUE
City-St-Zip: ARDEN HILLS, MN 551122921

Title: VP () Delete
Name: NEWMAN, BILL
Address: 4001 NORTH LEXINGTON AVENUE
City-St-Zip: ARDEN HILLS, MN 551122921

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: CD (X) Change () Addition
Name: KAPPELMAN, PETE
Address: 3300 BERRINGER ROAD
City-St-Zip: TWO RIVERS, WI 54241

Title: VP (X) Change () Addition
Name: JANZEN, PETER
Address: 4001 LEXINGTON AVE N
City-St-Zip: ARDEN HILLS, MN 55126

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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 an address, with all other like empowered.

SIGNATURE: PETER JANZEN

VP

04/13/2005

Electronic Signature of Signing Officer or Director

Date