2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 808054

Entity Name: SIOUX HONEY ASSOCIATION, COOPERATIVE

FILED Apr 30, 2009 Secretary of State

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Current Principal Place of Business:				New Principal Place of Business:		
509 LEWIS BLVD. SIOUX CITY, IA 511012241 Current Mailing Address:				509 LEWIS BLVD. SIOUX CITY, IA 511012241 US		
				New Mailing Address:		
PO BOX 3 SIOUX CIT	.88 ΓΥ, ΙΑ 51102					
FEI Number	: 42-0527930	FEI Number Applied For()	FEI Number Not	t Applicable () Certificate of Status Desired ()		
Name and	l Address of (Current Registered Agent:	Name	e and Address of New Registered Agent:		
1200 S. PI	ORATION SYS NE ISLAND R ION, FL 3332	OAD				
	e named entity e of Florida.	submits this statement for the p	ourpose of changi	ging its registered office or registered agent, or both,		
SIGNATUI	RE:					
	Electro	nic Signature of Registered Age	ent	Date		
Election Car	mpaign Financin	g Trust Fund Contribution ().				
OFFICER	S AND DIREC	TORS:	ADDIT	TIONS/CHANGES TO OFFICERS AND DIRECTORS		
Title: Name: Address: City-St-Zip:	CD (BUHMANN, RC 300 CHURCH / ZURICH, MT 5	AVE	Title: Name: Address City-St-2			
Title: Name: Address: City-St-Zip:	STD (GUNTER, DWI 5375 HWY. 14 TOWNER, ND		Title: Name: Address City-St-2			
Title: Name: Address: City-St-Zip:	V (MAMMEN, MAI 2500 W 19TH SIOUX CITY, I	ST	Title: Name: Address City-St-Z			
Title: Name: Address: City-St-Zip:	P (ALLIBONE, DA 2501 W 19TH SIOUX CITY, IA	STREET	Title: Name: Address City-St-2			
Title: Name: Address: City-St-Zip:	D (BRANDI, ROBI 14509 SANTA LOS BANOS, (LUCIA	Title: Name: Address City-St-Z			
Title: Name: Address: City-St-Zip:	STD (SMITH, JOHN N577 CITY RD EAU GALLE, V		Title: Name: Address City-St-Z			

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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: DAVE ALLIBONE PRES 04/30/2009