

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

**FILED**

**May 06 1997 8:00am  
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 814544 (3)**  
1. Corporation Name  
**CARGILL, INCORPORATED**



Principal Place of Business <b>15407 MCGINTY ROAD WAYZATA MN 55391 US</b>	Mailing Address <b>P.O. BOX 5626 MS 26 MINNEAPOLIS MN 55440-5626 US</b>
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3. Date Incorporated or Qualified <b>07/05/1960</b>	3a. Date of Last Report <b>04/15/1996</b>
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21. Principal Place of Business Suite, Apt. #, etc.	22. Mailing Address Suite, Apt. #, etc.	23. City & State	24. City & State	25. Zip	26. Country	27. Zip	28. Country
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4. FEI Number <b>41-0177680</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent <b>CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION FL 33324</b>				10. Name and Address of New Registered Agent			
81 Name				82 Street Address (P.O. Box Number is Not Acceptable)			
83				84 City			
				<b>FL</b>		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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>V BARNETT, BRUCE H.</b>	1.2 NAME	
STREET ADDRESS	<b>15407 MCGINTY RD</b>	1.3 STREET ADDRESS	
CITY - ST - ZIP	<b>WAYZATA MN</b>	1.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>AS SMITH JEANNE Y</b>	2.2 NAME	
STREET ADDRESS	<b>15615 MCGINTY ROAD</b>	2.3 STREET ADDRESS	
CITY - ST - ZIP	<b>WAYZATA MN</b>	2.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>T VEAZEY, WILLIAM W.</b>	3.2 NAME	
STREET ADDRESS	<b>15615 MCGINTY RD</b>	3.3 STREET ADDRESS	
CITY - ST - ZIP	<b>WAYZATA MN</b>	3.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>PCOO MICEK, ERNEST S</b>	4.2 NAME	
STREET ADDRESS	<b>15615 MCGINTY ROAD</b>	4.3 STREET ADDRESS	
CITY - ST - ZIP	<b>WAYZATA MN</b>	4.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>D MACMILLAN, CARGILL</b>	5.2 NAME	<b>D MACMILLAN, W. DUNCAN</b>
STREET ADDRESS	<b>15615 MCGINTY RD</b>	5.3 STREET ADDRESS	<b>15615 MCGINTY ROAD</b>
CITY - ST - ZIP	<b>WAYZATA MN</b>	5.4 CITY - ST - ZIP	<b>WAYZATA MN 55391</b>
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>DC MACMILLAN, WHITNEY</b>	6.2 NAME	
STREET ADDRESS	<b>15615 MCGINTY RD</b>	6.3 STREET ADDRESS	
CITY - ST - ZIP	<b>WAYZATA MN</b>	6.4 CITY - ST - ZIP	

14. I do 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: *Bruce H. Barnett* **BRUCE H. BARNETT** 4/24/97 612-742-6406  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)