2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT #814544

1. Entity Name

CARGILL, INCORPORATED

Principal Place of Business	Mailing Address
15407 MCGINTY ROAD WAYZATA MN 55391 US	P.O. BOX 5626 MS MINNEAPOLIS MN US
	1 6 11 25 11 1

FILED Apr 04, 2000 8:00 am Secretary of State

04-04-2000 90016 025 ***150.00

NAME STREET ADDRESS CITY-ST-ZIP WAYZATA MN 55391 TITLE NAME SMITH JEANNE Y STREET ADDRESS CITY-ST-ZIP TITLE NAME NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME NAME NAME NAME NAME NAME NAME NAM	WAYZATA MN 55391 MINNEAI US US		P.O. BOX 5626 MS 26 MINNEAPOLIS MN 55440-5626 US								
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CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION FL 33324 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 9. This corporation is eligible to satisfy its Intarrigible Tax filting requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Make Check People to the Decide HALBACH, PATRICE H SIRRET MORESS 1017-ST-2P WAYZATA MN SS991 TILE AS OITH SET AUGUSTS SIRRET MORESS SIRRET	Zip	Country	Zip	try	5. (\$8.75 Ad	ditional	
Name Street Address P.O. Box Number is Not Acceptable		6. Name and Address of Current F	l Realstered Agent		~	71	Name and	d Address of Ne	w Registere	<u>`</u>	
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PLANTATION FL 33324 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, liped or printed name of registered agent are: the ill applicable. (NOTE Registered Agent signature required affects or both, in the State of Florida. Signature, liped or printed name of registered agent are: the ill applicable. (NOTE Registered Agent signature required affects or both, in the State of Florida. Signature, liped or printed name of registered agent are: the ill applicable. (NOTE Registered Agent signature required agent, or both, in the State of Florida. Signature, liped or printed name of registered agent are: the ill applicable. (NOTE Registered Agent signature required affects to of so. (See criteria on back) of the delects to do so. (See criteria on back) of the delects to do so. (Make Check Payabile to Department of State					Street Ad	aress (P.O. B	sox Numb	er is not accepta	able)		
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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 typed or printed more of registered agent and life if applicable. MOTE Registered agent, or both, in the State of Florida.					City					■ Zin Cod	le .
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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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:	nicth	le birt	Vice	Presiden
SIGNATURE	AND TYPED OR PRINTED NAME O	F SIGNING OFFICER OR	DIRECTOR	

03-21-00

612-742-6406

Daytime Phone #