

2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 814544

FILED
Apr 28, 2010
Secretary of State

Entity Name: CARGILL, INCORPORATED

Current Principal Place of Business:

15407 MCGINTY ROAD W MS26
WAYZATA, MN 55391 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 5626
MINNEAPOLIS, MN 55440 US

New Mailing Address:

FEI Number: 41-0177680

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: VP
Name: NAATJES, SCOTT M
Address: 15407 MC GINTY RD W MS 26
City-St-Zip: WAYZATA, MN 55391

Title: VP
Name: EULLER, STEVEN
Address: 15407 MC GINTY RD W MS26
City-St-Zip: WAYZATA, MN 55391

Title: CFO
Name: MACLENNAN, DAVID WOOD
Address: 15407 MC GINTY RD W MS26
City-St-Zip: WAYZATA, MN 55391

Title: PD
Name: PAGE, GREGORY R
Address: 15407 MC GINTY RD W MS26
City-St-Zip: WAYZATA, MN 55391

Title: TREA
Name: OLSON, JAYME
Address: 15407 MC GINTY RD W MS26
City-St-Zip: WAYZATA, MN 55391

Title: AVP
Name: LUNDEEN, LILLIAN
Address: 15407 MC GINTY RD W MS26
City-St-Zip: WAYZATA, MN 55391

I hereby 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 all other like empowered.

SIGNATURE: LILLIAN LUNDEEN

AVP

04/28/2010

_____ Electronic Signature of Signing Officer or Director

_____ Date