

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 07, 2004 08:00 AM
Secretary of State

DOCUMENT # 819915

1. Entity Name
 AMERICAN DAIRY QUEEN CORPORATION



Principal Place of Business
 7505 METRO BLVD
 EDINA, MN 55439 US

Mailing Address
 7505 METRO BLVD
 EDINA, MN 55439 US



04302004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
 41-0853275 Applied For
 Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

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

DO NOT WRITE IN THIS SPACE

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE _____
Signature typed or printed name of registered agent and date if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees

U00000157995
 05/07/04-80003-022 150.00

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD MOOTY, CHARLES 7505 METRO BLVD. MINNEAPOLIS, MN 55439
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TC SIMPSON, JAMES 7505 METRO BLVD MINNEAPOLIS, MN 55439
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP WATSON, EDWARD A. 11030 OREGON AVE., SOUTH BLOOMINGTON, MN
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D MOOTY, JOHN W. 6600 DOVRE DIRVE EDINA, MN
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S BUCCO, WILLIAM 7505 METRO BLVD. MINNEAPOLIS, MN 55439
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

DO NOT WRITE IN THIS SPACE

12. I 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 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 10 or Block 11 if changed, or on an attachment with an address, with all other life empowered.

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/30/04

Date

Daytime Phone #