

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

FILED  
Apr 22 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **848256** (4)

1. Corporation Name  
**CARGILL CITRO-AMERICA, INC.**

Principal Place of Business

**TAX DEPT. #26, BOX 8300  
15407 MCGINTY ROAD  
WAYZATA MN 55391  
US**

Mailing Address

**P.O. BOX 5626 MS 26  
MINNEAPOLIS MN 55440-5626  
US**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>02/12/1981</b>	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number <b>41-1262003</b>	Applied For <input type="checkbox"/> Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
24	Country	29	Country	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

81	Name
82	Street Address (P.O. Box Number is Not Acceptable)
83	
84	City
FL	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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reissuing)

DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	KARSBERGEN, FRANK		1.2 NAME		
STREET ADDRESS	15407 MCGINTY ROAD		1.3 STREET ADDRESS		
CITY-ST-ZIP	WAYZATA MN		1.4 CITY-ST-ZIP		
TITLE	VP	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	KELLOR, RICHARD L.		2.2 NAME		
STREET ADDRESS	15407 MCGINTY ROAD		2.3 STREET ADDRESS		
CITY-ST-ZIP	WAYZATA, MN 0		2.4 CITY-ST-ZIP		
TITLE	TD	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	VEAZEY, WILLIAM W		3.2 NAME		
STREET ADDRESS	15815 MCGINTY ROAD		3.3 STREET ADDRESS		
CITY-ST-ZIP	WAYZATA, MN 0		3.4 CITY-ST-ZIP		
TITLE	S	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	SMITH, JEANNE Y.		4.2 NAME		
STREET ADDRESS	15815 MCGINTY ROAD		4.3 STREET ADDRESS		
CITY-ST-ZIP	WAYZATA MN		4.4 CITY-ST-ZIP		
TITLE	AT	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	BALLSRUD, NANCY L.		5.2 NAME		
STREET ADDRESS	15815 MCGINTY ROAD		5.3 STREET ADDRESS		
CITY-ST-ZIP	WAYZATA, MN 0		5.4 CITY-ST-ZIP		
TITLE	V	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	BARNETT, BRUCE H		6.2 NAME		
STREET ADDRESS	15407 MCGINTY ROAD		6.3 STREET ADDRESS		
CITY-ST-ZIP	WAYZATA MN		6.4 CITY-ST-ZIP		

14. 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 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 4/15/98 1612-742-6406

CR2E034 (10/97)