

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 12, 2004 8:00 am
Secretary of State

04-12-2004 90645 011 ***150.00

DOCUMENT # 848256

1. Entity Name
CARGILL JUICE NORTH AMERICA, INC.



Principal Place of Business Mailing Address
TAX DEPT. #26, BOX 9300 P.O. BOX 5626 MS 26
15407 MCGINTY ROAD MINNEAPOLIS, MN 55440-5626 US
WAYZATA, MN 55391 US

14002190



2. Principal Place of Business		3. Mailing Address		01072004 Chg-P CR2E034 (10/03)	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number 41-1262003	
City & State		City & State		Applied For Not Applicable	
Zip	Country	Zip	Country	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION, FL 33324		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		City	
		FL Zip Code	

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
---	--

10. OFFICERS AND DIRECTORS		11. ADDITIONAL OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P & D DUDLEY, MARTIN G 15407 MCGINTY ROAD WAYZATA, MN 55391 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Portnoy, K. Scott D <input type="checkbox"/> Change <input type="checkbox"/> Addition Stueve, Larry J. Controller Kelly, Bryce, R. Ass't. VP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP ABRAHAMSON, THOMAS P 15615 MCGINTY RD WAYZATA, MN 55391 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Rain, John P. Ass't. VP <input type="checkbox"/> Change <input type="checkbox"/> Addition Weir, Lawrence E. Ass't. VP Carlson, Anne E. Ass't. Sect.
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD VEAZEY, WILLIAM W 15615 MCGINTY ROAD WAYZATA, MN 0, <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Clemens, James R. Ass't. Sect. <input type="checkbox"/> Change <input type="checkbox"/> Addition Ballsrud, Nancy L. Ass't. Treas.
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S SMITH, JEANNE Y. 15615 MCGINTY ROAD WAYZATA, MN <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS LUNDEEN, LILLIAN I 15407 MCGINTY RD WAYZATA, MN 55391 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP HALBACH, PATRICE H 15407 MCGINTY ROAD WAYZATA, MN 55391 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 like empowered.

SIGNATURE: James R. Clemens **James R. Clemens, Ass't. Sect. 952-742-6419 4/6/04**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #