

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F01000004401

Entity Name: CARGILL AMERICAS, INC.

FILED  
Apr 23, 2007  
Secretary of State

## Current Principal Place of Business:

2525 PONCE DE LEON BLVD.  
STE 800  
CORAL GABLES, FL 33134

## New Principal Place of Business:

## Current Mailing Address:

PO BOX 5626  
MINNEAPOLIS, MN 554405626

## New Mailing Address:

FEI Number: 41-0958766

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM  
1200 SOUTH 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: P/D ( ) Delete  
Name: RAVNDAL, FRANK JR.  
Address: 15615 MCGINTY ROAD  
City-St-Zip: WAYZATA, MN 55391

Title: AS ( ) Delete  
Name: CLEMENS, JAMES R  
Address: 15407 MCGINTY RD  
City-St-Zip: WAYZATA, MN 55391

Title: VP ( ) Delete  
Name: HALBACH, PATRICE H  
Address: 15407 MC GINTY RD  
City-St-Zip: WAYZATA, MN 55391

Title: D ( ) Delete  
Name: RAISBECK, DAVID W  
Address: 15407 MC GINTY RD  
City-St-Zip: WAYZATA, MN 55391

Title: S ( ) Delete  
Name: SMITH, JEANNE Y  
Address: 05407 MC GINTY RD  
City-St-Zip: WAYZATA, MN 55391

Title: T ( ) Delete  
Name: VEAZEY, WILLIAM W  
Address: 15615 MCGINTY ROAD WEST  
City-St-Zip: WAYZATA, MN 553912398

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: JAMES R. CLEMENS

AS

04/23/2007

Electronic Signature of Signing Officer or Director

Date