

# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F96000003767

FILED  
Feb 01, 2010  
Secretary of State

**Entity Name:** SCHWAN'S FOOD SERVICE, INC.

**Current Principal Place of Business:**

115 WEST COLLEGE DRIVE  
MARSHALL, MN 56258 US

**New Principal Place of Business:**

**Current Mailing Address:**

115 W. COLLEGE DR  
MARSHALL, MN 56258 US

**New Mailing Address:**

**FEI Number:** 58-1972868

**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: PCEO  
Name: JANSEN, MARK  
Address: 115 WEST COLLEGE DRIVE  
City-St-Zip: MARSHALL, MN 56258

Title: CFO  
Name: RADEMACHER, BRIAN  
Address: 115 W. COLLEGE DRIVE  
City-St-Zip: MARSHALL, MN 56258

Title: SD  
Name: SATTTLER, BRIAN R  
Address: 115 W. COLLEGE DRIVE  
City-St-Zip: MARSHALL, MN 56258

Title: D  
Name: FLACK, GREGORY  
Address: 115 W. COLLEGE DR.  
City-St-Zip: MARSHALL, MN 56258

Title: D  
Name: DOLLIVE, JAMES P  
Address: 115 WEST COLLEGE DRIVE  
City-St-Zip: MARSHALL, MN 56258

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: BRIAN R. SATTTLER

SEC

02/01/2010

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date