

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F96000003767

FILED
Feb 18, 2011
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

OFFICERS AND DIRECTORS:

Title: PCEO
Name: CLOUGH, JAMES
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

Title: ASTT
Name: DIRCKX, HEIDI
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: HEIDI DIRCKX

ASTT

02/18/2011

_____ Electronic Signature of Signing Officer or Director

_____ Date