

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 07, 2004 08:00 AM
Secretary of State

DOCUMENT # F97000006729 1. Entity Name INTERNATIONAL DAIRY QUEEN, INC.	
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Principal Place of Business 7505 METRO BLVD. MINNEAPOLIS, MN 55439	Mailing Address 7505 METRO BLVD. PO BOX 39286 MINNEAPOLIS, MN 55439
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04302004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 52-2066843	Applied For Not Applicable
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5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324
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DO NOT WRITE IN THIS SPACE

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.

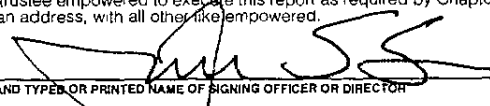
SIGNATURE _____
Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees	U000000157994 05/07/04-80003-021 150.00
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PCEO MOOTY, CHARLES 7505 METRO BLVD. MINNEAPOLIS, MN 55439
TITLE NAME STREET ADDRESS CITY - ST - ZIP	C MOOTY, JOHN W 7505 METRO BLVD. MINNEAPOLIS, MN 55439
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SATC SIMPSON, JAMES 7505 METRO BLVD. MINNEAPOLIS, MN 55439
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V WATSON, EDWARD A 7505 METRO BLVD. MINNEAPOLIS, MN 55439
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S ZUCCO, WILLIAM 7505 METRO BLVD. MINNEAPOLIS, MN 55439
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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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: _____ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	 Date 04/30/04	Daytime Phone #
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