2010 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 03, 2010
Secretary of State

DOCUMENT# M99000002097

Entity Name: CARGILL FLAVOR SYSTEMS US, LLC

Current Principal Place of Business:

15407 MCGINTY RD W MS26
WAYZATA, MN 55391

New Principal Place of Business:

Current Mailing Address:

PO BOX 5626
MINNEAPOLIS, MN 55440 US

New Mailing Address:

FEI Number: 23-3022084 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

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

MANAGING MEMBERS/MANAGERS:

Title: PRES
Name: HAVASI, IMRE
Address: 15407 MCGINTY RD MS 26
City-St-Zip: WAYZATA, MN 55391

Title: VP
Name: NAATJES, SCOTT
Address: 15407 MC GINTY RD W MS 26
City-St-Zip: WAYZATA, MN 55391

Title: TREA
Name: OLSON, JAYME D
Address: 15407 MC GINTY RD W MS26
City-St-Zip: WAYZATA, MN 55391

Title: AS
Name: LUNDEEN, LILLIAN I
Address: 15407 MC GINTY RD W MS 26
City-St-Zip: WAYZATA, MN 55391

Title: AS
Name: SMITH, JEANNE Y
Address: 15407 MC GINTY RD W MS26
City-St-Zip: WAYZATA, MN 55391

Title: AS
Name: SHRAKE, PATRICK
Address: 15407 MC GINTY RD W MS26
City-St-Zip: WAYZAT, MN 55391

I hereby certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statues.

SIGNATURE: LILLIAN LUNDEEN, CGL INC.-LLC MEMBER AS 05/03/2010

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date