


2005 FOR PROFIT CORPORATION ANNUAL REPORT

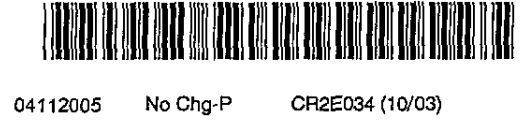
FILED
Apr 18, 2005 08:00 AM
Secretary of State

DOCUMENT # P12375
 1. Entity Name
A. E. STALEY MANUFACTURING COMPANY



Principal Place of Business Mailing Address
2200 E ELDORADO STREET **2200 E ELDORADO STREET**
DECATUR, IL 62521-1578 **DECATUR, IL 62521-1578**

DO NOT WRITE IN THIS SPACE



4. FEI Number Applied For
37-1168475 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION, FL 33324

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

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

180000315007
 04/19/05-80019-011 150.00

10. OFFICERS AND DIRECTORS

TITLE	VSD
NAME	MOHAN, PATRICK
STREET ADDRESS	2200 E. ELDORADO ST
CITY-ST-ZIP	DECATUR, IL 62525
TITLE	VP
NAME	SCHANEFELT, ROBERT
STREET ADDRESS	2200 E. ELDORADO ST
CITY-ST-ZIP	DECATUR, IL 62525
TITLE	AS
NAME	CAMPBELL, MICHAEL F
STREET ADDRESS	2200 E. ELDORADO ST
CITY-ST-ZIP	DECATUR, IL 62525
TITLE	PD
NAME	GRIDER, D. LYNN
STREET ADDRESS	2200 E. ELDORADO ST.
CITY-ST-ZIP	DECATUR, IL 62525
TITLE	T
NAME	WOOLARD, PAUL
STREET ADDRESS	2200 E. ELDORADO ST.
CITY-ST-ZIP	DECATUR, IL 62525
TITLE	AT
NAME	HOYT, MARTHA J
STREET ADDRESS	2200 E. ELDORADO ST.
CITY-ST-ZIP	DECATUR, IL 62525

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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)(l), 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: *M. Hoyt* Asst. Treasurer 4-12-05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #