

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # 848256**

1. Entity Name

CARGILL CITRO-AMERICA, INC.**FILED**
Apr 26, 2001 8:00 am
Secretary of State

04-26-2001 90322 020 ***150.00

Principal Place of Business	Mailing Address
TAX DEPT. #26, BOX 9300 15407 MCGINTY ROAD WAYZATA MN 55391 US	P.O. BOX 5626 MS 26 MINNEAPOLIS MN 55440-5626 US

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country



DO NOT WRITE IN THIS SPACE

4. FEI Number	41-1262003	Applied For
		Not Applicable
5. Certificate of Status Desired	<input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION FL 33324	Name
	Street Address (P.O. Box Number is Not Acceptable)
	City

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>	FILE NOW!!! FEE IS \$150.00 After MAY 1, 2001 Fee will be \$550.00 Make Check Payable to Department of State	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	P <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DUDLEY, MARTIN G	NAME	
STREET ADDRESS	15407 MCGINTY ROAD	STREET ADDRESS	
CITY-ST-ZIP	WAYZATA MN 55391	CITY-ST-ZIP	
TITLE	VP <input checked="" type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	KELLOR, RICHARD L.	NAME	Vice President
STREET ADDRESS	15407 MCGINTY ROAD	STREET ADDRESS	Thomas P. abrahamson
CITY-ST-ZIP	WAYZATA, MN 0	CITY-ST-ZIP	15615 McGinty Rd
TITLE	TD <input type="checkbox"/> Delete	TITLE	Wayzata, MN 55391
NAME	VEAZEY, WILLIAM W	NAME	
STREET ADDRESS	15615 MCGINTY ROAD	STREET ADDRESS	
CITY-ST-ZIP	WAYZATA, MN 0	CITY-ST-ZIP	
TITLE	S <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SMITH, JEANNE Y.	NAME	
STREET ADDRESS	15615 MCGINTY ROAD	STREET ADDRESS	
CITY-ST-ZIP	WAYZATA MN	CITY-ST-ZIP	
TITLE	AS <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LUNDEEN, LILLIAN I	NAME	
STREET ADDRESS	15407 MCGINTY RD	STREET ADDRESS	
CITY-ST-ZIP	WAYZATA MN 55391	CITY-ST-ZIP	
TITLE	VP <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HALBACH, PATRICE H	NAME	
STREET ADDRESS	15407 MCGINTY ROAD	STREET ADDRESS	
CITY-ST-ZIP	WAYZATA MN 55391	CITY-ST-ZIP	

13. 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 11 or Block 12 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

Lillian Lundeen, Ass't. Sect. 04-11-01

Date

952-742-6419

CR2E034 (10/00)