

2014 FOREIGN NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F12000004052

Entity Name: DAIRY COOPERATIVE MARKETING ASSOCIATION, INC.

Current Principal Place of Business:

325 WEST MAIN ST, SUITE 1812
LOUISVILLE, KY 40202-4251

Current Mailing Address:

325 WEST MAIN ST, SUITE 1812
LOUISVILLE, KY 40202-4251

FEI Number: 61-1246888

Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

CT CORPORATION SYSTEM
1200 SOUTH PINE ISLAND RD
PLANTATION, FL 33324 US

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

Officer/Director Detail :

Title PRESIDENT, DIRECTOR
Name MYERS, DWAYNE
Address 105 WESTOVER DR
City-State-Zip: ELKIN NC 28621

Title VP, DIRECTOR
Name PARSLEY, JOE
Address ROUTE 3, BOX 915
City-State-Zip: TROUP TX 75789

Title SECRETARY, TREASURER,
 DIRECTOR
Name STRAIN, RICK
Address 3175 ROSE BUD ROAD
City-State-Zip: QUITMAN AR 72131

Title DIRECTOR
Name BLALOCK, WILLIAM E
Address 149 PARK FOREST LANE
City-State-Zip: BASKERVILLE VA 23915

Title ASST. TREASURER
Name PITTMAN, TOM
Address 1531 SE 36TH AVE.
 SUITE D
City-State-Zip: OCALA FL 34471

Title ASST. TREASURER
Name FABIAN, SONIA
Address 1211 STATE HIGHWAY 16
City-State-Zip: WINDTHORST TX 76389

Title ASST. SECRETARY
Name SIMS, JEFFREY
Address 13011 WEST HIGHWAY 42
 SUITE 206
City-State-Zip: PROSPECT KY 40059

Title DIRECTOR
Name FREEMAN, MARK
Address 6591 HWY MM
City-State-Zip: CABOOL MO 65689

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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 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: JOSEPH M. DAY

GENERAL COUNSEL

04/29/2014

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title DIRECTOR
Name SMITH, SAM
Address 2220 CHARLIE THOMAS RD
City-State-Zip: CORNERSVILLE TN 37047

Title DIRECTOR
Name DEJONG, DONALD
Address P.O. BOX 659
City-State-Zip: HARTLEY TX 79044

Title DIRECTOR
Name HAGEMAN, BRUCE
Address 90 FORT WADE ROAD
SUITE 175
City-State-Zip: PONTE VEDRA FL 32081

Title DIRECTOR
Name SATTERWHITE, KEVIN
Address 8720 BUSH RIVER RD
City-State-Zip: NEWBERRY SC 29108

Title OTHER, GENERAL COUNSEL
Name DAY, JOSEPH M
Address 325 WEST MAIN STREET
SUITE 1812
City-State-Zip: LOUISVILLE KY 40202

Title DIRECTOR
Name VILLALPANDO, ABEL
Address P.O. BOX 2523
City-State-Zip: ROSWELL NM 88202