

**2016 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            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        813 8TH STREET  
                 SUITE 300  
City-State-Zip: WICHITA FALLS TX 76301

Title            ASST. SECRETARY  
Name            SIMS, JEFFREY  
Address        7004 RIDGE RUN CIRCLE  
City-State-Zip: PROSPECT KY 40059

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

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

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

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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**

**04/25/2016**

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

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

Title DIRECTOR  
Name REYNEVELD, KLAAS  
Address 9502 180TH STREET  
City-State-Zip: MCALPIN FL 32062

Title DIRECTOR  
Name KERR, JAMES D  
Address 11140 MATTOAX LANE  
City-State-Zip: AMELIA VA 23002

Title DIRECTOR  
Name SLOAN, NORRIS  
Address RR1, BOX 92  
City-State-Zip: MOUNTAIN GROVE MT 65711