

**2019 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 808054

**Entity Name:** SIOUX HONEY ASSOCIATION, COOPERATIVE**Current Principal Place of Business:**509 LEWIS BLVD.  
SIOUX CITY, IA 51101-2241**Current Mailing Address:**PO BOX 388  
SIOUX CITY, IA 51102**FEI Number:** 42-0527930**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CT CORPORATION SYSTEM  
1200 S. PINE ISLAND ROAD  
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 CD  
Name BUHMANN, ROB  
Address 245 FIRST AVENUE  
City-State-Zip: ZURICH MT 59547

Title PRESIDENT  
Name MAMMEN, MARK  
Address 2500 W 19TH ST  
City-State-Zip: SIOUX CITY IA 51103

Title D  
Name MORLOCK, BOB  
Address 612 COTTONWOOD DRIVE  
City-State-Zip: CASSELTON ND 58012

Title DIRECTOR  
Name BAUER, DAN  
Address 11519 ANDY LAKE LANE  
City-State-Zip: FERTILE MN 56540

Title STD  
Name SMITH, JOHN  
Address N577 CITY ROAD D  
City-State-Zip: EAU GALLE WI 54737

Title D  
Name BRANDI, ROBERT  
Address 14509 SANTA LUCIA  
City-State-Zip: LOS BANOS CA 93635

Title DIRECTOR  
Name HAMILTON, ROGER  
Address 169 COUNTY ROAD 006  
City-State-Zip: ZAVALLA TX 75980

Title DIRECTOR  
Name HULL, JEFF  
Address PO BOX 371  
City-State-Zip: BATTLE LAKE MN 56515

**Continues on page 2**

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

**SIGNATURE:** MARK MAMMEN**PRESIDENT****04/08/2019**

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title DIRECTOR  
Name COY, DAVID  
Address 4809 LOCHMOOR CIRCLE  
City-State-Zip: JONESBORO AR 72401

Title DIRECTOR  
Name NOYES, TONY  
Address P O BOX 722  
City-State-Zip: NEW PLYMOUTH ID 83655

Title DIRECTOR  
Name JOHN, RUDEBUSCH  
Address 55917 864TH ROAD  
BOX 41  
City-State-Zip: RANDOLPH NE 68771

Title DIRECTOR  
Name OAKLEY, JIM  
Address 1011 SOUTH JOHNSON AVE  
City-State-Zip: EL CAJON CA 92020