

**2017 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F01000004401

**Entity Name:** CARGILL AMERICAS, INC.

**Current Principal Place of Business:**

2525 PONCE DE LEON BLVD  
800  
CORAL GABLES, FL 33134

**Current Mailing Address:**

9320 EXCELSIOR BLVD  
HOPKINS, MN 55343 US

**FEI Number:** 41-0958766

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

C T CORPORATION SYSTEM  
1200 SOUTH 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 P/D  
Name CANNAVINA, GUSTAVO  
Address 15407 MCGINTY ROAD W MS26  
City-State-Zip: WAYZATA MN 55391

Title ASSISTANT SECRETARY  
Name SCHULTENOVER, TRACY  
Address 15407 MCGINTY RD W MS 26  
City-State-Zip: WAYZATA MN 55391

Title DIRECTOR  
Name TEDDY, R WAYNE  
Address 15407 MCGINTY RD W MS26  
City-State-Zip: WAYZATA MN 55391

Title S  
Name KROESE, JAY  
Address 15407 MCGINTY RD  
City-State-Zip: WAYZATA MN 55391

Title T  
Name OLSON, JAYME D  
Address 15407 MCGINTY ROAD WEST MS26  
City-State-Zip: WAYZATA MN 55391

Title DIRECTOR  
Name STONACEK, MARK ALLEN  
Address 15407 MCGINTY RD W MS26  
City-State-Zip: WAYZATA MN 55391

Title DIRECTOR  
Name KADAVY, GRANT  
Address 15407 MCGINTY RD W MS26  
City-State-Zip: WAYZATA MN 55391

*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:** TRACY SCHULTENOVER

**ASSISTANT SECRETARY** 05/02/2017

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date