

2019 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F01000004401

Entity Name: CARGILL AMERICAS, INC.**Current Principal Place of Business:**2525 PONCE DE LEON BLVD
1100
CORAL GABLES, FL 33134**Current Mailing Address:**15407 MCGINTY RD W
WAYZATA, MN 55391 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	WARD, LORI
Address	15407 MCGINTY RD W MS 26
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	WATCHORN, ROGER
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: LORI WARD

ASSISTANT SECRETARY 04/24/2019

Electronic Signature of Signing Officer/Director Detail_____
Date