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		Title	ASSISTANT SECRETARY
Name	CANNAVINA, GUSTAVO		Name	SCHULTENOVER, TRACY
Address	15407 MCGINTY ROAD W MS26		Address	15407 MCGINTY RD W MS 26
City-State-Zip:	WAYZATA MN 55391		City-State-Zip:	WAYZATA MN 55391
Title	DIRECTOR		Title	S
Name	TEDDY, R WAYNE		Name	KROESE, JAY
Address	15407 MCGINTY RD W MS26		Address	15407 MCGINTY RD
City-State-Zip:	WAYZATA MN 55391		City-State-Zip:	WAYZATA MN 55391
Title	T		Title	DIRECTOR
Name	OLSON, JAYME D		Name	STONACEK, MARK ALLEN
Address	15407 MCGINTY ROAD WEST MS26		Address	15407 MCGINTY RD W MS26
City-State-Zip:	WAYZATA MN 55391		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