

**2016 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F03000002393

**Entity Name:** JOE MORTEN & SON, INC.

**Current Principal Place of Business:**

1100 WEST 29TH STREET  
SOUTH SIOUX CITY, NE 68776

**Current Mailing Address:**

PO BOX 277  
SOUTH SIOUX CITY, NE 68776

**FEI Number:** 47-0638072

**Certificate of Status Desired:** No

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

AIDIF, DANIEL R  
501 EAST SOUTH STREET, SUITE A  
ORLANDO, FL 32802-1935 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  
Name OLIGMUELLER, RANDALL J  
Address 3311 DANIELS LANE  
City-State-Zip: SOUTH SIOUX CITY NE 68776

Title S  
Name POSSON, CRAIG A  
Address 1100 WEST 29TH STREET  
City-State-Zip: SOUTH SIOUX CITY NE 68776

Title COBD  
Name FUGLEBERG, HUGH H  
Address 1100 WEST 29TH STREET  
City-State-Zip: SOUTH SIOUX CITY NE 68776

Title TREASURER  
Name ANDERSON, MARY E  
Address 1100 WEST 29TH STREET  
City-State-Zip: SOUTH SIOUX CITY NE 68776

Title VP  
Name ERLANDSON, DAVID J  
Address 1100 WEST 29TH STREET  
City-State-Zip: SOUTH SIOUX CITY NE 68776

Title VP  
Name BONGARD, MARY E  
Address 624 SIX FLAGS DRIVE, SUITE 240  
City-State-Zip: ARLINGTON TX 76011

Title VP  
Name STOREY, PATRICK J  
Address 3108 104TH STREET  
City-State-Zip: URBANDALE IA 50322

Title VP  
Name TWEDT, JAMES T.  
Address 3108 140TH STREET  
City-State-Zip: URBANDALE IA 50322

**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:** CRAIG A. POSSON

**SECRETARY**

**04/15/2016**

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

\_\_\_\_\_  
Date

**Officer/Director Detail Continued :**

Title VP  
Name ARENDS, JAMES E  
Address 1100 WEST 29TH STREET  
City-State-Zip: SOUTH SIOUX CITY NE 68776

Title VP  
Name RIMMELE, ROBERT E.  
Address 535 PLAINFIELD ROAD, SUITE F  
City-State-Zip: WILLOWBROOK IL 60527

Title VP  
Name RITTER, CARL A  
Address 10100 GLOBAL WAY  
SUITE 200  
City-State-Zip: KNOXVILLE TN 37932

Title VP  
Name ROBINSON, SCOTT J  
Address 1100 WEST 29TH STREET  
City-State-Zip: SOUTH SIOUX CITY NE 68776

Title VP  
Name KOENIGS, THOMAS A  
Address 1100 WEST 29TH STREET  
City-State-Zip: SOUTH SIOUX CITY NE 68776

Title VP  
Name SHERRITZE, KEVIN S  
Address 10100 GLOBAL WAY  
SUITE 200  
City-State-Zip: KNOXVILLE TN 37932

Title DIRECTOR  
Name JENSEN, JAMES D  
Address 1100 WEST 29TH STREET  
City-State-Zip: SOUTH SIOUX CITY NE 68776

Title DIRECTOR  
Name ANDERSON, MARY E  
Address 1100 WEST 29TH STREET  
City-State-Zip: SOUTH SIOUX CITY NE 68776