

2019 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 RAGER, R. SCOTT
Address 307 N. MICHIGAN AVE.
City-State-Zip: CHICAGO IL 60601

Title TREASURER, DIRECTOR
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 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

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

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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

04/29/2019

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

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

Title COO, DIRECTOR
Name GRAHAM, MANDY SUE
Address 1100 WEST 29TH STREET
City-State-Zip: SOUTH SIOUX CITY NE 68776

Title DIRECTOR
Name OLSON, STEVEN J.
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 LONNEMAN, STEVEN J.
Address 1100 WEST 29TH STREET
City-State-Zip: SOUTH SIOUX CITY NE 68776