

2018 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F07000006320

Entity Name: CARGILL SC TRADING, INC.**Current Principal Place of Business:**2525 PONCE DE LEON BLVD
CORAL GABLES, FL 33324**Current Mailing Address:**9320 EXCELSIOR BLVD
HOPKINS, MN 55343 US**FEI Number:** 26-2534762**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	D
Name	STONACEK, MARK ALLEN
Address	15407 MCGINTY ROAD W MS 26
City-State-Zip:	WAYZATA MN 55391

Title	D
Name	LOCKEN, PATRICK
Address	15407 MCGINTY ROAD W MS 26
City-State-Zip:	WAYZATA MN 55391

Title	T
Name	OLSON, JAYME D
Address	15407 MCGINTY ROAD W MS 26
City-State-Zip:	WAYZATA MN 55391

Title	PRESIDENT, DIRECTOR
Name	CANNAVINA, GUSTAVO
Address	15407 MCGINTY ROAD WEST MS26
City-State-Zip:	WAYZATA MN 55391

Title	AS
Name	SCHULTENOVER, TRACY
Address	15407 MCGINTY ROAD WEST MS26
City-State-Zip:	WAYZATA MN 55391

Title	SECRETARY
Name	KROESE, JAY A
Address	15407 MCGINTY ROAD 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** 04/27/2018_____
Electronic Signature of Signing Officer/Director Detail_____
Date