2017 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F10000003346

Entity Name: NFO MEMBERS LIVESTOCK, INC.

Current Principal Place of Business:

528 BILLY SUNDAY RD., SUITE 100

AMES, IA 50010

Current Mailing Address:

P. O. BOX 2508 AMES, IA 50010

FEI Number: 42-1464783 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

FILED Apr 17, 2017

Secretary of State

CC8689655823

Officer/Director Detail:

Title P Title \

Name OLSON, PAUL Name RINIKER, PAUL

Address W15776 W. JACKSON Address 406 N. CHURCH, PO BOX 91

City-State-Zip: TAYLOR WI 54659 City-State-Zip: GREELEY IA 52050

Title S Title T

 Name
 REED, DAVE
 Name
 MILLER, MICHAEL

 Address
 2810 BOBCAT DRIVE #101
 Address
 1005 NORWOOD CT.

 City-State-Zip:
 AMES IA 50014
 City-State-Zip:
 NORWALK IA 50211

Title D Title D

NameBAKKEN, RHONDANameCASLER, DANIELAddress2444 MADISON RD.Address130 STARING LANE

City-State-Zip: DECORAH IA City-State-Zip: LITTLE FALLS NY 13365

Title DIRECTOR Title DIRECTOR

Name CROSBY, TOM Name ENDRES, FRANK

Address 2577 HILLTOP ROAD Address 2805 BUTTE MOUNTAIN ROAD

City-State-Zip: SHELL LAKE WI 54871 City-State-Zip: CORNING CA 96021

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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: DAVE REED SECRETARY 04/17/2017

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued:

Title DIRECTOR Title DIRECTOR

NameHEISS, ALVANameKLEAVING, GILBERTAddress717 STONEY RUN ROADAddress4195 ADLER ROAD

City-State-Zip: BEVERLY OH 45715 City-State-Zip: TELL CITY IN 47586

Title DIRECTOR Title DIRECTOR

NameLAMPERT, PATRICKNameCHRISTENSEN, REEDAddress15 EASTMOOR COURTAddress26188 ST. HWY 78

City-State-Zip: NEW BREMEN OH 45869 City-State-Zip: BATTLE LAKE MN 56515

Title DIRECTOR Title DIRECTOR

NameMANFORD, MARKNamePRICHARD, WAYNEAddressPO BOX 43Address3321 11 MILE ROAD

City-State-Zip: HOLDEN MO 64040 City-State-Zip: BURLINGTON MI 49029

Title DIRECTOR Title DIRECTOR

NameSCHUELKE, WILLIAMNameROHR, MARKAddress40448 129TH STREETAddress35742 610 AVENUE

City-State-Zip: GROTON SD 57445 City-State-Zip: BLUFFTON MN 56518

Title DIRECTOR Title DIRECTOR

Name SCHULTZ, RONALD Name SWEET, JOHN

Address 2898 E 300 NORTH ROAD Address 13926 SOUTH TERRITORIAL ROAD

City-State-Zip: STEWARDSON IL 62463 City-State-Zip: STOCKBRIDGE MI 49285

Title DIRECTOR
Name HAYES, JIM

Title DIRECTOR
Name ROSE, JEFFREY

Address W11629 MORIAH ROAD Address 22263 STEEN HILL ROAD

City-State-Zip: COLUMBUS WI 53925

Title DIRECTOR Title DIRECTOR

Name TARDIF, RAYMOND Name WADE, CARROLL
Address 2227 HIGHGATE ROAD 2142 HUNTERHILL ROAD

City-State-Zip: JASPER NY 14855

Title DIRECTOR

Name SHULTZ, BRUCE Name WALKER, HAROLD
Address 16963 Q ROAD

Address PO BOX 207

City-State-Zip: MAYETTA KS 66509

City-State-Zip: RAYNESFORD MT 59469

Title DIRECTOR

Name WOLFE KALER

Name WOLFE, KALEB
Name WALHLMEIER, CARL

Address 138 EU-JOY ACRES LANE

OF NITE HALL BY ACRES

City-State-Zip: CENTRE HALL PA 16828