

**2015 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

**Officer/Director Detail :**

Title P  
Name OLSON, PAUL  
Address W15776 W. JACKSON  
City-State-Zip: TAYLOR WI 54659

Title V  
Name RINIKER, PAUL  
Address 406 N. CHURCH, PO BOX 91  
City-State-Zip: GREELEY IA 52050

Title S  
Name REED, DAVE  
Address 2705 LONDON DRIVE  
City-State-Zip: AMES IA 50010

Title T  
Name MILLER, MICHAEL  
Address 1005 NORWOOD CT.  
City-State-Zip: NORWALK IA 50211

Title D  
Name BAKKEN, RHONDA  
Address 2444 MADISON RD.  
City-State-Zip: DECORAH IA

Title D  
Name CASLER, DANIEL  
Address 130 STARING LANE  
City-State-Zip: LITTLE FALLS NY 13365

Title DIRECTOR  
Name COEHOORN, DARLENE  
Address N5878 CO ROAD C  
City-State-Zip: ROSENDALE WI 54974

Title DIRECTOR  
Name CROSBY, TOM  
Address 2577 HILLTOP ROAD  
City-State-Zip: SHELL LAKE WI 54871

**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:** DAVE REED

**SECRETARY**

**04/21/2015**

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

\_\_\_\_\_  
Date

**Officer/Director Detail Continued :**

Title DIRECTOR  
Name ENDRES, FRANK  
Address 2805 BUTTE MOUNTAIN ROAD  
City-State-Zip: CORNING CA 96021

Title DIRECTOR  
Name HEISS, ALVA  
Address 717 STONEY RUN ROAD  
City-State-Zip: BEVERLY OH 45715

Title DIRECTOR  
Name KLEAVING, GILBERT  
Address 4195 ADLER ROAD  
City-State-Zip: TELL CITY IN 47586

Title DIRECTOR  
Name CHRISTENSEN, REED  
Address 26188 ST. HWY 78  
City-State-Zip: BATTLE LAKE MN 56515

Title DIRECTOR  
Name MANFORD, MARK  
Address PO BOX 43  
City-State-Zip: HOLDEN MO 64040

Title DIRECTOR  
Name SCHUELKE, WILLIAM  
Address 40448 129TH STREET  
City-State-Zip: GROTON SD 57445

Title DIRECTOR  
Name SCHULTZ, RONALD  
Address 2898 E 300 NORTH ROAD  
City-State-Zip: STEWARDSON IL 62463

Title DIRECTOR  
Name FORDER, WAYNE  
Address 5728 SHEPHERD BUTTE ROAD  
City-State-Zip: HIGHWOOD MT 59450

Title DIRECTOR  
Name JARDING, JOE  
Address 9319 FARLEY ROAD  
City-State-Zip: FARLEY IA 52046

Title DIRECTOR  
Name LAMPERT, PATRICK  
Address 15 EASTMOOR COURT  
City-State-Zip: NEW BREMEN OH 45869

Title DIRECTOR  
Name KAMMERER, ANDREW  
Address 7594 HARNISH CIRCLE  
City-State-Zip: ALEXANDRIA PA 16611

Title DIRECTOR  
Name PRICHARD, WAYNE  
Address 3321 11 MILE ROAD  
City-State-Zip: BURLINGTON MI 49029

Title DIRECTOR  
Name ROHR, MARK  
Address 35742 610 AVENUE  
City-State-Zip: BLUFFTON MN 56518

Title DIRECTOR  
Name SWEET, JOHN  
Address 13926 SOUTH TERRITORIAL ROAD  
City-State-Zip: STOCKBRIDGE MI 49285