

**2017 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F14000004277

**Entity Name:** CARGILL COMMODITY SERVICES INC.

**Current Principal Place of Business:**

15407 MCGINTY RD W  
WAYZATA, MN 55391

**Current Mailing Address:**

9320 EXCELSIOR BLVD  
HOPKINS, MN 55343 US

**FEI Number:** 41-1935954

**Certificate of Status Desired:** No

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

CT CORPORATION SYSTEM  
1200 S PINE ISLAND RD  
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 PD  
Name MAKI, JENNIFER SHOMENTA  
Address 15407 MCGINTY RD W  
City-State-Zip: WAYZATA MN 55391

Title DIRECTOR  
Name GARVERT, TERRY  
Address 15407 MCGINTY RD W  
City-State-Zip: WAYZATA MN 55391

Title S  
Name KROSES, JAY A  
Address 15615 MCGINTY RD W  
City-State-Zip: WAYZATA MN 55391

Title T  
Name OLSON, JAYME D  
Address 15615 MCGINTY RD W  
City-State-Zip: WAYZATA MN 55391

Title ASSISTANT SECRETARY  
Name SCHULTENOVER, TRACY  
Address 15407 MCGINTY RD W  
City-State-Zip: WAYZATA MN 55391

Title DIRECTOR  
Name CROW, SHARON  
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 05/02/2017**

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

\_\_\_\_\_  
Date