

**2017 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F96000003767

**Entity Name:** SCHWAN'S FOOD SERVICE, INC.

**Current Principal Place of Business:**

115 WEST COLLEGE DRIVE  
MARSHALL, MN 56258

**Current Mailing Address:**

115 W. COLLEGE DR  
MARSHALL, MN 56258 US

**FEI Number: 58-1972868**

**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 PCEO  
Name BYNUM, TREVOR  
Address 8500 NORMANDALE LAKE BLVD.  
City-State-Zip: BLOOMINGTON MN 55437

Title CFO  
Name DUBBELDEE, LORI  
Address 8500 NORMANDALE LAKE BLVD.  
City-State-Zip: BLOOMINGTON MN 55437

Title SD  
Name SATTLER, BRIAN R  
Address 8500 NORMANDALE LAKE BLVD.  
City-State-Zip: BLOOMINGTON MN 55437

Title D  
Name SMYRNIOS, DIMITRIOS  
Address 8500 NORMANDALE LAKE BLVD.  
City-State-Zip: BLOOMINGTON MN 55437

Title D  
Name GALLOWAY, ROBIN  
Address 8500 NORMANDALE LAKE BLVD.  
City-State-Zip: BLOOMINGTON MN 55437

Title ASTT  
Name DIRCKX, HEIDI  
Address 115 WEST COLLEGE DRIVE  
City-State-Zip: MARSHALL MN 56258

*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: BRIAN SATTLER**

**SECRETARY**

**03/01/2017**

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

\_\_\_\_\_  
Date