

**2016 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P25181

**Entity Name:** WELLS DAIRY, INC.

**Current Principal Place of Business:**

1 BLUE BUNNY DRIVE  
LE MARS, IA 51031-1310

**FILED**  
**May 02, 2016**  
**Secretary of State**  
**CC1239728244**

**Current Mailing Address:**

1 BLUE BUNNY DR  
P O BOX 1310  
LE MARS, IA 51031-1310 US

**FEI Number:** 42-1080796

**Certificate of Status Desired:** No

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

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 32301-2525 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 DIR  
Name DUNPHY, STEVE P  
Address ONE BLUE BUNNY DRIVE  
City-State-Zip: LE MARS IA 51031

Title CEO  
Name WELLS, MICHAEL C  
Address ONE BLUE BUNNY DRIVE  
City-State-Zip: LE MARS IA 51031

Title DIR  
Name WELLS, GREG A  
Address ONE BLUE BUNNY DRIVE  
City-State-Zip: LE MARS IA 51031

Title DIR  
Name ALM, KEITH L  
Address ONE BLUE BUNNY DRIVE  
City-State-Zip: LE MARS IA 51031

Title DIR  
Name WELLS, DOUGLAS JDIR  
Address ONE BLUE BUNNY DRIVE  
City-State-Zip: LE MARS IA 51031

Title DIR  
Name WELLS, GARY MDIR  
Address ONE BLUE BUNNY DRIVE  
City-State-Zip: LE MARS IA 51031

Title DIRECTOR  
Name CRANE, LANSING E  
Address ONE BLUE BUNNY DR  
City-State-Zip: LE MARS IA 51031

Title CFO  
Name PINKERMAN, JEREMY  
Address ONE BLUE BUNNY DRIVE  
City-State-Zip: LE MARS IA 51031

**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:** PAUL STEFFENSEN

**TREASURER**

**05/02/2016**

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

\_\_\_\_\_  
Date

**Officer/Director Detail Continued :**

Title           TREASURER  
Name           STEFFENSEN, PAUL  
Address        1 BLUE BUNNY DRIVE  
City-State-Zip: LE MARS IA 51031-1310