2017 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

Current Mailing Address:

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

FEI Number: 42-1080796

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525 US FILED Jun 07, 2017 Secretary of State CC6731448119

Certificate of Status Desired: No

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

Officer/Director Detail :

Officer/Direc			
Title	DIR	Title	CEO
Name	DUNPHY, STEVE P	Name	WELLS, MICHAEL C
Address	ONE BLUE BUNNY DRIVE	Address	ONE BLUE BUNNY DRIVE
City-State-Zip:	LE MARS IA 51031	City-State-Zip:	LE MARS IA 51031
Title	DIR	Title	DIR
Name	WELLS, GREG A	Name	ALM, KEITH L
Address	ONE BLUE BUNNY DRIVE	Address	ONE BLUE BUNNY DRIVE
City-State-Zip:	LE MARS IA 51031	City-State-Zip:	LE MARS IA 51031
Title	DIR	Title	DIR
Title Name	DIR WELLS, DOUGLAS JDIR	Title Name	DIR WELLS, GARY MDIR
Name Address	WELLS, DOUGLAS JDIR	Name Address	WELLS, GARY MDIR
Name Address	WELLS, DOUGLAS JDIR ONE BLUE BUNNY DRIVE LE MARS IA 51031	Name Address	WELLS, GARY MDIR ONE BLUE BUNNY DRIVE
Name Address City-State-Zip:	WELLS, DOUGLAS JDIR ONE BLUE BUNNY DRIVE LE MARS IA 51031 DIRECTOR	Name Address City-State-Zip:	WELLS, GARY MDIR ONE BLUE BUNNY DRIVE LE MARS IA 51031
Name Address City-State-Zip: Title	WELLS, DOUGLAS JDIR ONE BLUE BUNNY DRIVE LE MARS IA 51031	Name Address City-State-Zip: Title	WELLS, GARY MDIR ONE BLUE BUNNY DRIVE LE MARS IA 51031 CFO
Name Address City-State-Zip: Title Name Address	WELLS, DOUGLAS JDIR ONE BLUE BUNNY DRIVE LE MARS IA 51031 DIRECTOR CRANE, LANSING E	Name Address City-State-Zip: Title Name Address	WELLS, GARY MDIR ONE BLUE BUNNY DRIVE LE MARS IA 51031 CFO PINKERMAN, JEREMY

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

06/07/2017

Date

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