

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 806030

Entity Name: LAND O'LAKES, INC.

FILED  
Apr 19, 2011  
Secretary of State

## Current Principal Place of Business:

4001 LEXINGTON AVE, N.  
ARDEN HILLS, MN 551262998 US

## New Principal Place of Business:

## Current Mailing Address:

P.O. BOX 64101  
MS 2500  
ST. PAUL, MN 55164 US

## New Mailing Address:

FEI Number: 41-0365145      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

CT CORPORATION SYSTEM  
1200 S. PINE ISLAND ROAD  
PLANTATION, FL 33324 US

## Name and Address of New Registered Agent:

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

## OFFICERS AND DIRECTORS:

Title: P  
Name: POLICINSKI, CHRIS  
Address: 4001 LEXINGTON AVE. N.  
City-St-Zip: ARDEN HILLS, MN 55126

Title: SRVP  
Name: KNUTSON, DAN  
Address: 4001 LEXINGTON AVE. N.  
City-St-Zip: ARDEN HILLS, MN 55126

Title: CD  
Name: KAPPELMAN, PETE  
Address: 4001 LEXINGTON AVE. N.  
City-St-Zip: ARDEN HILLS, MN 55126

Title: SRVP  
Name: JANZEN, PETER  
Address: 4001 LEXINGTON AVE N  
City-St-Zip: ARDEN HILLS, MN 55126

Title: SRVP  
Name: FIFE, JIM  
Address: 4001 NORTH LEXINGTON AVENUE  
City-St-Zip: ARDEN HILLS, MN 55126

Title: SRVP  
Name: GRABOW, KAREN  
Address: 4001 NORTH LEXINGTON AVENUE  
City-St-Zip: ARDEN HILLS, MN 55126

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: PETER JANZEN

SRVP

04/19/2011

Electronic Signature of Signing Officer or Director

Date