

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 03, 2007 8:00 am**  
**Secretary of State**

05-03-2007 90034 013 \*\*\*150.00

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                        |                                                                                                              |                                                                                                                               |                                                                                   |  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------|--|
| <b>DOCUMENT # 808054</b><br>1. Entity Name<br>SIOUX HONEY ASSOCIATION, COOPERATIVE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                        |                                                                                                              |                                                                                                                               |  |  |
| Principal Place of Business<br>509 LEWIS BLVD.<br>SIOUX CITY, IA 51101-2241                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                        |                                                                                                              | Mailing Address<br>PO BOX 388<br>SIOUX CITY, IA 51102                                                                         |                                                                                   |  |
| 2. Principal Place of Business - No P.O. Box #<br>Suite, Apt. #, etc.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                        |                                                                                                              | 3. Mailing Address<br>Suite, Apt. #, etc.                                                                                     |                                                                                   |  |
| City & State<br>Zip Country                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                        |                                                                                                              | City & State<br>Zip Country                                                                                                   |                                                                                   |  |
| 4. FEI Number<br>42-0527930                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                        |                                                                                                              | Applied For<br>Not Applicable                                                                                                 |                                                                                   |  |
| 5. Certificate of Status Desired <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                        |                                                                                                              | \$8.75 Additional Fee Required                                                                                                |                                                                                   |  |
| 6. Name and Address of Current Registered Agent<br><br>CT CORPORATION SYSTEM<br>1200 S. PINE ISLAND ROAD<br>PLANTATION, FL 33324                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                        |                                                                                                              | 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City FL Zip Code |                                                                                   |  |
| 8. 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. I am familiar with, and accept the obligations of registered agent.<br><br>SIGNATURE _____ DATE _____<br><small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>                                                                                                                                                                                                                 |                                                                        |                                                                                                              |                                                                                                                               |                                                                                   |  |
| <b>FILE NOW!!! FEE IS \$150.00</b><br><b>After May 1, 2007 Fee will be \$550.00</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                        | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees |                                                                                                                               |                                                                                   |  |
| 10. OFFICERS AND DIRECTORS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                        |                                                                                                              | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11                                                                         |                                                                                   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | CD<br>BUHMANN, ROB<br>300 CHURCH AVE<br>ZURICH, MT 59547               |                                                                                                              | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                            | <input type="checkbox"/> Delete                                                   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <del>STD</del> D<br>GUNTER, DWIGHT<br>5375 HWY. 14<br>TOWNER, ND 58788 |                                                                                                              | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                            | <input type="checkbox"/> Change <input type="checkbox"/> Addition                 |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | V<br>MAMMEN, MARK<br>2500 W 19TH ST<br>SIOUX CITY, IA 51103            |                                                                                                              | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                            | <input type="checkbox"/> Delete                                                   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | P<br>ALLIBONE, DAVE<br>2501 W 19TH STREET<br>SIOUX CITY, IA            |                                                                                                              | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                            | <input type="checkbox"/> Change <input type="checkbox"/> Addition                 |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | D<br>BRANDI, ROBERT<br>14509 SANTA LUCIA<br>LOS BANOS, CA 93635        |                                                                                                              | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                            | <input type="checkbox"/> Delete                                                   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | STD<br>SMITH, JOHN<br>N577 CITY RD D<br>EAU GALLE, WI 54737            |                                                                                                              | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                            | <input type="checkbox"/> Change <input type="checkbox"/> Addition                 |  |
| 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered. |                                                                        |                                                                                                              |                                                                                                                               |                                                                                   |  |
| SIGNATURE: <u>DAVE ALLIBONE</u> <u>DAVE ALLIBONE</u> <u>President</u> <u>4-17-07</u> <u>712-259-0639</u><br><small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                        |                                                                                                              |                                                                                                                               |                                                                                   |  |

**DISTRICT #1 - IDAHO, OREGON, UTAH & WASHINGTON**

**Robert Newswander** (Madalyn) 2009  
 1374 E. 2nd Street South  
 Hyde Park, Utah 84318  
 Home Phone: (435) 563-5490  
 Honeyhouse Phone: (208) 852-3982  
 Fax Number: (435) 563-5490  
 Cell Number: (435) 757-8590  
**Email Address:** *R.Newswander@comcast.net*  
**\*09/30/42 \*\*2006**

**DISTRICT #2 - NEVADA & NORTHERN CALIFORNIA**

**Robert Brandi** (Kathleen) 2007  
 Summer: 219 N Buffalo Street (Vice Chairperson)  
 Hebron, North Dakota 58638  
 Home Phone: (701) 878-4145  
 Honeyhouse Phone: (701) 878-9024  
 Fax Number: (701) 878-4145  
 Winter: 14509 Santa Lucia  
 Los Banos, California 93635  
 Home Phone: (209) 826-0921  
 Honeyhouse Phone: (209) 826-6276  
 Fax Number: (209) 826-8065  
 Cell Number: (559) 284-4715  
**Email Address:** *BkBrandi@sbcglobal.net*  
**\*07/18/49 \*\*1985**

**DISTRICT #3 - ARIZONA, COLORADO, MEXICO, NEW MEXICO & SOUTHERN CALIFORNIA**

**Jim Oakley** (Kathy) 2009  
 1287 Granite Hills Dr.  
 El Cajon, California 92019  
 Home Phone: (619) 579-9035  
 Honeyhouse Phone: (760) 788-1419  
 Cell Number: (619) 871-1419  
 Fax Number: (619) 579-9035  
 Office: (619) 442-4937  
**Email Address:** *Oakdaddy@cox.net*  
**\*12/08/54 \*\*2002**

**DISTRICT #4 - KANSAS, NEBRASKA & TEXAS**

**George Bunnell, Jr.** (Karen) 2008  
 807 Central  
 P.O. Box 151  
 Oxford, Nebraska 68967  
 Home Phone: (308) 824-3809  
 Fax Number: (308) 824-3809  
 Cell Number: (308) 991-3414  
**Email Address:** *gbunnell@swnebr.net*  
**\*1/20/51 \*\*2005**

**DISTRICT #5 - MONTANA & WYOMING**

**Rob Buhmann** (Gloria) 2008  
 300 Church Ave. (Chairperson)  
 P.O. Box 861  
 Zurich, Montana 59547  
 Home Phone: (406) 357-3558  
 Honeyhouse: (406) 357-3236  
 Fax Number: (406) 357-3558  
 Cell Number: (406) 262-4196  
**Email Address:** *RbHive@yahoo.com*  
**\*01/27/61 \*\*1990**

**DISTRICT #6 - IOWA, MISSOURI & SOUTH DAKOTA**

**Roger Hamilton** (Linda) 2008  
 Summer: Box 17  
 Hazel, South Dakota 57242  
 Home Phone: (605) 628-2466  
 Cell Number: (605) 881-6356  
 Winter: 169 County Road 006  
 Zavalla, Texas 75980  
 Home Phone: (409) 837-5616  
**\*1/15/1955 \*\*2005**  
**Email Address:** *honeybee@jctel.com (Summer)*  
*honeybee@inu.net (Winter)*

**DISTRICT #7 - CANADA & NORTH DAKOTA**

**Dwight Gunter** (Joan) 2008  
 Summer: 5735 Highway 14  
 Towner, North Dakota 58788  
 Home Phone: (701) 537-5214  
 Fax Number: (701) 537-5375  
 Honeyhouse Phone: (701) 537-5137  
 Cellular Phone #1: (701) 537-3513  
 Cellular Phone #2: (701) 537-3613  
 Winter: P.O. Box 421  
 Lumberton, Mississippi 39455  
 Home Phone: (601) 796-9761  
 Fax Number: (601) 796-2913  
**Email Address:** *JMGunter@hotmail.com*  
**\*2/24/61 \*\*1993**

**DISTRICT #8 - NORTHERN MINNESOTA**

**Daniel Bauer** (Rochelle) 2007  
 Summer: 11651 Bay Street SE  
 Mentor, MN 56736  
 Home Phone: (218) 574-2055  
 Honeyhouse: (218) 945-6899  
 Fax Number: (218) 945-6896  
 Cell Number: (218) 280-1215  
**Email Address #1:** *BHoney@gvtel.com*  
**Email Address #2:** *Bauerhoney@aol.com*  
 Winter: 1050 E Williford Rd.  
 Kountze, Texas 77625  
 Home Phone: (409) 246-2605  
 Fax Number: (409) 246-4250  
**\*10/24/65 \*\*2001**

**DISTRICT #9 - CENTRAL MINNESOTA**

**Jeff Hull** (Vicki) 2007  
 Summer: PO Box 371  
 Battle Lake, Minnesota 56515  
 Home Phone: (218) 864-5256  
 Fax Number: (218) 864-5256  
 Cell Number: (218) 205-6426

Winter: 1900 N. McGuire Ave.  
 Monroe, Louisiana 71203  
 Home Phone: (318) 343-6506  
**\*10/22/61 \*\*2003**

**DISTRICT #10 - MICHIGAN, SOUTHERN MINNESOTA & WISCONSIN**

**John Smith** (Shirley) 2009  
 N577 City Road D (Secretary/Treasurer)  
 Eau Galle, Wisconsin 54737-9998  
 Home Phone: (715) 283-4843  
 Fax Number: (715) 283-4846  
 Cell Number: (715) 495-4991  
**Email Address:** *Hunebee@wvt.net*  
**\*02/27/46 \*\*1988**

**DISTRICT #11 - ALABAMA, ARKANSAS, FLORIDA, GEORGIA, LOUISIANA & MISSISSIPPI**

**Robert Gatrell** (Ardeanne) 2009  
 32416 Pine Rd.  
 Eustis, Florida 32736  
 Home Phone: (352) 357-6699--Eustis  
 2nd Home Phone: (407) 277-2789--Orlando  
**\*11/21/34 \*\*1987**

**OTHERELECTED OFFICERS**

**Dave Allibone** (Marcy)  
 2501 W. 19th Street (President/CEO)  
 Sioux City, Iowa 51103  
 Home Phone: (712) 255-7251  
 Office Number: (712) 258-0638  
 Direct Dial Number: (712) 233-9173  
 Fax Number: (712) 258-5152  
 Cell Number: (712) 251-8424  
**Email Address:** *DAllibon@pionet.net*  
**\*09/27/51 \*\*\*01/07/74**

**Mark Mammen** (Cindy)  
 2500 W. 19th Street (Assistant Secretary/Treasurer)  
 Sioux City, Iowa 51103 (Executive Vice President)  
 Home Phone: (712) 255-1595  
 Office Number: (712) 258-0638  
 Direct Dial Number: (712) 233-9174  
 Fax Number: (712) 258-5152  
 Cell Number: (712) 490-0089  
**Email Address:** *MMammen@pionet.net*  
**\*04/09/1963 \*\*\*08/27/1973**

**\*Date of Birth      \*\* Date Elected to the Board**  
**\*\*\* Date of Employment**