2012 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2012
Secretary of State

DOCUMENT# 808054

Entity Name: SIOUX HONEY ASSOCIATION, COOPERATIVE

Current Principal Place of Business:

509 LEWIS BLVD.
SIOUX CITY, IA 511012241 US

New Principal Place of Business:

Current Mailing Address:

PO BOX 388
SIOUX CITY, IA 51102

New Mailing Address:

FEI Number: 42-0527930 **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: CD
Name: BUHMANN, ROB
Address: 245 FIRST AVENUE
City-St-Zip: ZURICH, MT 59547 US

Title: STD
Name: SMITH, JOHN
Address: N577 CITY ROAD D
City-St-Zip: EAU GALLE, WI 54737 US

Title: V
Name: MAMMEN, MARK
Address: 2500 W 19TH ST
City-St-Zip: SIOUX CITY, IA 51103 US

Title: P
Name: ALLIBONE, DAVE
Address: 2501 W 19TH STREET
City-St-Zip: SIOUX CITY, IA 51103 US

Title: D
Name: BRANDI, ROBERT
Address: 14509 SANTA LUCIA
City-St-Zip: LOS BANOS, CA 93635 US

Title: D
Name: MORLOCK, BOB
Address: 612 COTTONWOOD DRIVE
City-St-Zip: CASSELTON, ND 58012 US

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: DAVE ALLIBONE PRES 04/30/2012

Electronic Signature of Signing Officer or Director — Date