

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
Apr 22 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
---	---	---

DOCUMENT # **836916** (7)
1. Corporation Name
CARGILL LEASING CORPORATION

Principal Place of Business

**6000 CLEARWATER DR
MINNETONKA MN 55343
US**

Mailing Address

**P.O. BOX 5626 MS 26
MINNEAPOLIS MN 55440-5626
US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/27/1976

4. FEI Number

41-0997984

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24

25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29

30

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title, if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**TD
VEAZEY, WILLIAM W.
15615 MCGINTY RD. WEST
WAYZATA MN**

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**PD
MARTINI, PHILIP J
6000 CLEARWATER DR
MINNETONKA MN**

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**S
CUTLER, LINDA L.
15407 MCGINTY ROAD
WAYZATA, MN 00000**

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**D
LUMPKINS, ROBERT L.
15615 MCGINTY RD
WAYZATA, MINN 00000**

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**VPD
BARNETT, BRUCE H
15407 MCGINTY RD
WAYZATA MN**

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**AS
SMITH, JEANNE Y.
15815 MCGINTY ROAD
WAYZATA, MN 00000**

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE
12 NAME
13 STREET ADDRESS
14 CITY-ST-ZIP

☐ Change ☐ Addition

21 TITLE
22 NAME
23 STREET ADDRESS
24 CITY-ST-ZIP

☐ Change ☐ Addition

31 TITLE
32 NAME
33 STREET ADDRESS
34 CITY-ST-ZIP

☐ Change ☐ Addition

41 TITLE
42 NAME
43 STREET ADDRESS
44 CITY-ST-ZIP

☐ Change ☐ Addition

51 TITLE
52 NAME
53 STREET ADDRESS
54 CITY-ST-ZIP

☐ Change ☐ Addition

61 TITLE
62 NAME
63 STREET ADDRESS
64 CITY-ST-ZIP

☐ Change ☐ Addition

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address

SIGNATURE: *B. Barnett*

BRUCE H. BARNETT 4/15/98 1-612-742-1047X0

CR2E034 (10/97)