

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2004 8:00 am
Secretary of State

05-03-2004 90776 009 ***150.00

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1. Entity Name
LIFECORE BIOMEDICAL, INC.



Principal Place of Business
3515 LYMAN BLVD.
CHASKA, MN 55318

Mailing Address
3515 LYMAN BLVD.
CHASKA, MN 55318



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

04302004

Chg-P

CR2E034 (10/03)

City & State

City & State

4. FEI Number

41-0948334

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324

7. Name and Address of New Registered Agent

Name

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

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution: ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PSD
BRACKE, JAMES W
15411 MASON'S POINTE
EDEN PRAIRIE, MN 55347 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
V
ALLINGTON, DENNIS J
18759 FARMSTEAD CIRCLE
EDEN PRAIRIE, MN 55347 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
MEINAILLER, JOHN C
10796 PURDEY ROAD
EDEN PRAIRIE, MN 55347 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
PERKINS, RICHARD
1699 NORTH FARM RD.
LONG LAKE, MN 553569310 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
GARDNER, JOAN
4710 BOULEAU RD.
WHITE BEAR LAKE, MN 55110 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
RUNNELLS, JOHN
125 OLD TURNPIKE ROAD
OLDWICK, NJ 08858 ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
P. ODWIN L. CARTER
1029 THIRD AVENUE SOUTH
STILLWATER, MN 55082 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PSD
☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
V
DAVID M. NOEL
3515 LYMAN BLVD.
CHASKA, MN 55318 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
V
LARRY HIEBERT
3515 LYMAN BLVD.
CHASKA, MN 55318 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
HEINMILLER, JOHN C
10796 PURDEY ROAD
EDEN PRAIRIE, MN 55347 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
THOMAS H. GARRETT
540 WENTWORTH AVENUE WEST
ST. PAUL, MN 55118 ☐ Change ☒ Addition

12. 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 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: *David M. Noel*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DAVID M. NOEL, CFO

4/30/04

Date

952-368-4300

Daytime Phone #