

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F00000006869

Entity Name: LIFECORE BIOMEDICAL, INC.

FILED  
Jan 09, 2008  
Secretary of State

## Current Principal Place of Business:

3515 LYMAN BLVD.  
CHASKA, MN 55318

## New Principal Place of Business:

## Current Mailing Address:

3515 LYMAN BLVD.  
CHASKA, MN 55318

## New Mailing Address:

FEI Number: 41-0948334

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM  
1200 SOUTH 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

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: D ( ) Delete  
Name: EMERSON, MARTIN J  
Address: 4659 FABLE HILL WAY NORTH  
City-St-Zip: HUGO, MN 55038

Title: PSD ( ) Delete  
Name: ALLINGHAM, DENNIS J  
Address: 18759 FARMSTEAD CIRCLE  
City-St-Zip: EDEN PRAIRIE, MN 55347

Title: D ( ) Delete  
Name: GRIFFITH, LUTHER T  
Address: 2639 ARDEN ROAD  
City-St-Zip: ATLANTA, GA 30327

Title: D ( ) Delete  
Name: PERKINS, RICHARD  
Address: 1699 NORTH FARM RD.  
City-St-Zip: LONG LAKE, MN 553569310

Title: D ( ) Delete  
Name: GARRETT, THOMAS H  
Address: 540 WENTWORTH AVENUE WEST  
City-St-Zip: ST. PAUL, MN 55118

Title: D ( ) Delete  
Name: RUNNELLS, JOHN  
Address: 125 OLD TURNPIKE ROAD  
City-St-Zip: OLDWICK, NJ 08858

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: DAVID M. NOEL, VP FINANCE & CFO

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01/09/2008

Electronic Signature of Signing Officer or Director

Date