

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 12, 2004 8:00 am**  
**Secretary of State**

04-12-2004 90645 009 \*\*\*150.00

**14002192**



<b>DOCUMENT # F01000001452</b> 1. Entity Name <b>CARGILL MARINE AND TERMINAL, INC.</b>					
Principal Place of Business <b>15407 MCGINTY ROAD WEST WAYZATA, MN 55391-2399</b>			Mailing Address <b>15407 MCGINTY ROAD WEST WAYZATA, MN 55391-2399</b>		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		4. FEI Number <b>41-0978942</b>	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required			
6. Name and Address of Current Registered Agent  <b>C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2004, Fee will be \$550.00</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees		
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD CALHOUN, RICHARD R 15407 MCGINTY ROAD WEST WAYZATA, MN 553912399	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BROWN, GERALD W 15407 MCGINTY ROAD WEST WAYZATA, MN 553912399	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD RUDGE, ALBERT E 15407 MCGINTY ROAD WEST WAYZATA, MN 553912399	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V HAYES, ARTHUR B JR. 1650 N.W. FRONT STREET, SUITE 120 PORTLAND, OR 97209	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V BUELL, DARRELL 15407 MCGINTY ROAD WEST WAYZATA, MN 553912399	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DCD KANE, JAMES L 15407 MCGINTY ROAD WEST WAYZATA, MN 553912399	<input checked="" type="checkbox"/> Delete			
* PLEASE SEE ATTACHED LIST OF ALL OFFICERS AND DIRECTORS					
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.					
<b>SIGNATURE:</b> <b>James R. Clemens, Ass't. Sect.</b> <b>952-742-6419</b> <b>04-06-04</b>					