

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 04, 2005 8:00 am
Secretary of State

05-04-2005 90138 050 ***150.00

DOCUMENT # F02000005695					
1. Entity Name SCHWAN'S CONSUMER BRANDS NORTH AMERICA, INC.					
Principal Place of Business 8500 NORMANDALE LAKE BLVD, STE 2000 MINNEAPOLIS, MN 55437			Mailing Address 8500 NORMANDALE LAKE BLVD, STE 2000 MINNEAPOLIS, MN 55437		
2. Principal Place of Business		3. Mailing Address 115 W College Dr.			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State Marshall MN			
Zip	Country	Zip 56	Country	4. FEI Number 47-0885794	
5. Certificate of Status Desired <input type="checkbox"/>				\$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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00			9. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE D NAME PIPPEN, LENNY M STREET ADDRESS 115 W COLLEGE DRIVE CITY-ST-ZIP MARSHALL, MN 56258	<input type="checkbox"/> Delete		TITLE P CEO NAME Ronald Frump STREET ADDRESS 8500 Normandale Lake Blvd, Ste 2000 CITY-ST-ZIP Bloomington, MN 55437	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE D NAME BURR, TRACY STREET ADDRESS 115 W. COLLEGE DRIVE CITY-ST-ZIP MARSHALL, MN 56258	<input type="checkbox"/> Delete		TITLE COO NAME William D. McLormack STREET ADDRESS 115 W. College Dr. CITY-ST-ZIP Marshall, MN 56258	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE D NAME PASKACH, DAVID STREET ADDRESS 115 W. COLLEGE DRIVE CITY-ST-ZIP MARSHALL, MN 56258	<input checked="" type="checkbox"/> Delete		TITLE D S NAME Brian R. Sattler STREET ADDRESS 115 W. College Dr. CITY-ST-ZIP Marshall, MN 56258	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE P NAME BEADLE, JOHN STREET ADDRESS 115 W COLLEGE DRIVE CITY-ST-ZIP MARSHALL, MN 56258	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP 	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE S NAME PASKACH, DAVID M STREET ADDRESS 115 W COLLEGE DRIVE CITY-ST-ZIP MARSHALL, MN 56258	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP 	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE CFO NAME NEITZKE, TOM STREET ADDRESS US W. COLLEGE DRIVE CITY-ST-ZIP MARSHALL, MN 56258	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP 	<input type="checkbox"/> Change <input type="checkbox"/> 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:			Brian R. Sattler		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date: 4/25/05 Daytime Phone #: 507-532-3274		