

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 05, 2008 08:00 AM**  
**Secretary of State**

DOCUMENT # F03000000747

1. Entity Name  
CHS INC. OF MINNESOTA



Principal Place of Business  
5500 CENEX DRIVE  
INVER GROVE HEIGHTS, MN 55077

Mailing Address  
5500 CENEX DRIVE  
INVER GROVE HEIGHTS, MN 55077



04242008 No Chg-P CR2E034 (11/05)

4. FEI Number  
41-0251095

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional  
Fee Required

**DO NOT WRITE IN THIS SPACE**

6. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM  
1200 S. PINE ISLAND RD.  
PLANTATION, FL 33324

**DO NOT WRITE  
IN THIS SPACE**

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, 2008 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

000000947542  
05/02/08-80018-018 150.00

10. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
PCEO  
JOHNSON, JOHN D  
5500 CENEX DRIVE  
INVER GROVE HEIGHTS, MN 55077

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
V  
DEBERTIN, JAY D  
5500 CENEX DRIVE  
INVER GROVE HEIGHTS, MN 55077

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
C  
TOELLE, MICHAEL  
RR 1, BOX 190  
BROWNS VALLEY, MN 56219

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
V  
BRATLAND, GAYLON G  
5500 CENEX DRIVE  
INVER GROVE HEIGHTS, MN 55077

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
V  
KLUEMPKE, PATRICK M  
5500 CENEX DRIVE  
INVER GROVE HEIGHTS, MN 55077

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
V  
BROWNE, RICHARD H  
5500 CENEX DRIVE  
INVER GROVE HEIGHTS, MN 55077

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/30/08 651-355-5084