

2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F03000000747

FILED
Apr 30, 2012
Secretary of State

Entity Name: CHS INC. OF MINNESOTA

Current Principal Place of Business:

5500 CENEX DRIVE
INVER GROVE HEIGHTS, MN 55077

New Principal Place of Business:

Current Mailing Address:

PO BOX 64089
ATTN: PROPERTY TAX
ST. PAUL, MN 55164 00

New Mailing Address:

FEI Number: 41-0251095 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CT CORPORATION SYSTEM
1200 S. PINE ISLAND RD.
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

OFFICERS AND DIRECTORS:

Title: PCEO
Name: CASALE, CARL M
Address: 5500 CENEX DRIVE
City-St-Zip: INVER GROVE HEIGHTS, MN 55077

Title: VP
Name: DEBERTIN, JAY D
Address: 5500 CENEX DRIVE
City-St-Zip: INVER GROVE HEIGHTS, MN 55077

Title: D
Name: TOELLE, MICHAEL
Address: RR 1, BOX 190
City-St-Zip: BROWNS VALLEY, MN 56219

Title: VP
Name: KASTELIC, DAVID A
Address: 5500 CENEX DRIVE
City-St-Zip: INVER GROVE HEIGHTS, MN 55077

Title: VP
Name: KLUEMPKE, PATRICK M
Address: 5500 CENEX DRIVE
City-St-Zip: INVER GROVE HEIGHTS, MN 55077

Title: VP
Name: EGAN, THERESA M
Address: 5500 CENEX DRIVE
City-St-Zip: INVER GROVE HEIGHTS, MN 55077

I hereby 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 all other like empowered.

SIGNATURE: THERESA M. EGAN

VP

04/30/2012

Electronic Signature of Signing Officer or Director

Date