


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 18, 2006 8:00 am**  
**Secretary of State**

04-18-2006 90074 048 \*\*\*150.00

<b>DOCUMENT # F03000004501</b>	
1. Entity Name <b>PENFORD PRODUCTS CO.</b>	

Principal Place of Business <b>7094 SOUTH REVERE PKWY. ENGLEWOOD, CO 80112</b>	Mailing Address <b>7094 SOUTH REVERE PKWY. ENGLEWOOD, CO 80112-3932</b>
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2. Principal Place of Business <b>7094 S. REVERE PKWY</b>	3. Mailing Address <b>7094 S REVERE PKWY</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State <b>CENTENNIAL CO</b>	City & State <b>CENTENNIAL CO</b>
Zip <b>80112</b>	Country
Zip <b>80112</b>	Country



04072006 Chg-P CR2E034 (11/05)

4. FEI Number <b>91-0866902</b>	Applied For <input type="checkbox"/> Not Applicable
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
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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 \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2006 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
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PCEO MALKOSKI, THOMAS D 7094 S REVERE PKWY. ENGLEWOOD, CO 80112 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>CENTENNIAL</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PGM KEELEY, GREGORY R 7094 S REVERE PKWY. ENGLEWOOD, CO 80112 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>VICE PRESIDENT CHRISTOPHER LAWLER 7094 S. REVERE PKWY CENTENNIAL CO 80112</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VGM RANDALL, JOHN R 7094 S REVERE PKWY. ENGLEWOOD, CO 80112 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>CENTENNIAL</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VCS CORDIER, STEVE 7094 S REVERE PKWY. ENGLEWOOD, CO 80112 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>CENTENNIAL</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS VON DER SCHMIDT, MARGARET 7094 S REVERE PKWY. ENGLEWOOD, CO 80112 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>CENTENNIAL</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C WYNNE, MARK 7094 S REVERE PKWY. ENGLEWOOD, CO 80112 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>CENTENNIAL</b>

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: M. Von der Schmidt 4/7/06 303 649 1900  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE DAYTIME PHONE #  
MARGARET VON DER SCHMIDT, ASSISTANT SECRETARY