

2009 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# F03000004501

Entity Name: PENFORD PRODUCTS CO.

FILED
Oct 12, 2009
Secretary of State

Current Principal Place of Business:

7094 S REVERE PKWY
CENTENNIAL, CO 80112

New Principal Place of Business:

Current Mailing Address:

7094 S REVERE PKWY
CENTENNIAL, CO 80112

New Mailing Address:

FEI Number: 91-0866902

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
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: C T CORPORATION SYSTEM

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PCEO () Delete
Name: MALKOSKI, THOMAS D
Address: 7094 S REVERE PKWY.
City-St-Zip: CENTENNIAL, CO 80112

Title: VP () Delete
Name: LAWLOR, CHRISTOPHER
Address: 7094 S REVERE PKWY
City-St-Zip: CENTENNIAL, CO 80112

Title: VGM () Delete
Name: RANDALL, JOHN R
Address: 7094 S REVERE PKWY.
City-St-Zip: CENTENNIAL, CO 80112

Title: VCS () Delete
Name: CORDIER, STEVE
Address: 7094 S REVERE PKWY.
City-St-Zip: CENTENNIAL, CO 80112

Title: AS () Delete
Name: VON DER SCHMIDT, MARGARET
Address: 7094 S REVERE PKWY.
City-St-Zip: CENTENNIAL, CO 80112

Title: C () Delete
Name: WYNNE, MARK
Address: 7094 S REVERE PKWY.
City-St-Zip: CENTENNIAL, CO 80112

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: VON DER SCHMIDT, MARGARET

AS

10/12/2009

Electronic Signature of Signing Officer or Director

Date