

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F06000006643

Entity Name: CARGILL FLOUR, INC.

FILED
Apr 29, 2008
Secretary of State

Current Principal Place of Business:

15407 MCGINTY ROAD WEST
WAYZATA, MN 55391

New Principal Place of Business:

Current Mailing Address:

PO BOX 5626
MINNEAPOLIS, MN 55440

New Mailing Address:

FEI Number: 20-8264273

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: _____

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: VP () Delete
Name: MCCLEARY, KELLY J
Address: 15407 MCGINTY ROAD WEST
City-St-Zip: WAYZATA, MN 55391

Title: DP () Delete
Name: SHOEMAKER, GUY R
Address: 15407 MCGINTY ROAD WEST
City-St-Zip: WAYZATA, MN 55391

Title: VP () Delete
Name: SCHEMBER, GEORGE J
Address: 15407 MCGINTY ROAD WEST
City-St-Zip: WAYZATA, MN 55391

Title: VP () Delete
Name: HALBACH, PATRICE H
Address: 15615 MCGINTY ROAD WEST
City-St-Zip: WAYZATA, MN 55391

Title: S () Delete
Name: SMITH, JEANNE Y
Address: 15615 MCGINTY ROAD WEST
City-St-Zip: WAYZATA, MN 55391

Title: T () Delete
Name: OLSON, JAYME D
Address: 15615 MCGINTY ROAD WEST
City-St-Zip: WAYZATA, MN 55391

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: VP (X) Change () Addition
Name: COCHRANE, PETER J
Address: 15407 MCGINTY ROAD WEST
City-St-Zip: WAYZATA, MN 55391

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

Title: VP (X) Change () Addition
Name: MCCLEARY, KELLY J
Address: 15407 MCGINTY ROAD WEST
City-St-Zip: WAYZATA, MN 55391

Title: AS (X) Change () Addition
Name: LUNDEEN, LILLIAN I
Address: 15615 MCGINTY ROAD WEST
City-St-Zip: WAYZATA, MN 55391

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: LILLIAN LUNDEEN

AS

04/29/2008

Electronic Signature of Signing Officer or Director

Date