

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F94000002582

FILED
Apr 21, 2009
Secretary of State

Entity Name: DAIRY FARMERS OF AMERICA, INC.

Current Principal Place of Business:

10220 N AMBASSADOR DR
KANSAS CITY, MO 64153 US

New Principal Place of Business:

Current Mailing Address:

10220 N AMBASSADOR DR
KANSAS CITY, MO 64153 US

New Mailing Address:

FEI Number: 43-0905874 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301 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: P () Delete
Name: SMITH, RICHARD P
Address: 10220 N AMBASSADOR DR.
City-St-Zip: KANSAS CITY, MO 64153

Title: D () Delete
Name: SEIBENBORN, BILL
Address: RT 1, BOX 155
City-St-Zip: TRENTON, MO

Title: D () Delete
Name: CAMERLO, TOM
Address: POB 248
City-St-Zip: FLORENCE, CO 812260248

Title: D () Delete
Name: BUPP, JOYCE
Address: 9715 LOOP RD
City-St-Zip: SEVEN VALLEYS, PA 173609377

Title: SD () Delete
Name: CRONER, TOM
Address: 3872 BUCKLEBERRY HWY
City-St-Zip: BERLIN, PA 15530

Title: D () Delete
Name: PURDOM, LARRY
Address: RT. 2 BOX 245
City-St-Zip: PURDY, MO 65734

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:

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City-St-Zip:

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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: DAVID A. GEISLER

SVP

04/21/2009

Electronic Signature of Signing Officer or Director

_____ Date