

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F94000003518

Entity Name: CARGILL ASSOCIATES, INC.

FILED
Apr 14, 2009
Secretary of State

Current Principal Place of Business:

P.O. BOX 330339
FT WORTH, TX 76163

New Principal Place of Business:

4701 ALTAMESA BOULEVARD
FT WORTH, TX 76133

Current Mailing Address:

P.O. BOX 330339
FT WORTH, TX 76163

New Mailing Address:

FEI Number: 75-1578334

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CT 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: CD () Delete
Name: CARGILL, ROBERT L
Address: 6920 SHADOW CREEK COURT
City-St-Zip: FT WORTH, TX

Title: P () Delete
Name: CARGILL, STEPHEN W.
Address: 7308 WIND CHIME
City-St-Zip: FT WORTH, TX

Title: ST () Delete
Name: ANDERSON, SHARON
Address: 7829 MEADOWLARK DR.
City-St-Zip: FT WORTH, TX

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: CD (X) Change () Addition
Name: CARGILL, ROBERT L
Address: 6920 SHADOW CREEK COURT
City-St-Zip: FT WORTH, TX 76132

Title: P (X) Change () Addition
Name: CARGILL, STEPHEN W.
Address: 6309 ELM CREST COURT
City-St-Zip: FT WORTH, TX 76132

Title: ST (X) Change () Addition
Name: ANDERSON, SHARON
Address: 7829 MEADOWLARK DR.
City-St-Zip: FT WORTH, TX 76133

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: SHARON ANDERSON

ST

04/14/2009

Electronic Signature of Signing Officer or Director

Date