

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F94000004158

FILED
Apr 06, 2011
Secretary of State

Entity Name: ADM ALLIANCE NUTRITION, INC.

Current Principal Place of Business:

1000 NORTH 30TH STREET
QUINCY, IL 623053115

New Principal Place of Business:

Current Mailing Address:

TAX DEPT
4666 FARIES PKWY
DECATUR, IL 62526 US

New Mailing Address:

FEI Number: 37-1328117

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

OFFICERS AND DIRECTORS:

Title: VPS
Name: SMITH, DAVID J
Address: 4666 FARIES PARKWAY
City-St-Zip: DECATUR, IL 62526

Title: VPD
Name: MILLS, STEVEN R
Address: 4666 FARIES PARKWAY
City-St-Zip: DECATUR, IL 62526

Title: T
Name: FINLAY, TIM G
Address: 4666 FARIES PARKWAY
City-St-Zip: DECATUR, IL 62526

Title: D
Name: HUSS, CRAIG E
Address: 4666 FARIES PARKWAY
City-St-Zip: DECATUR, IL 62526

Title: P
Name: MYERS, TERRY T
Address: 4666 FARIES PARKWAY
City-St-Zip: DECATUR, IL 62526

Title: D
Name: RICE, JOHN D
Address: 4666 FARIES PARKWAY
City-St-Zip: DECATUR, IL 62526

I hereby 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 all other like empowered.

SIGNATURE: STEVEN R. MILLS

VPD

04/06/2011

_____ Electronic Signature of Signing Officer or Director

_____ Date