

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F96000006535

FILED
May 01, 2006
Secretary of State

Entity Name: SCHWAN'S FOOD SERVICE, INC.

Current Principal Place of Business:

115 W COLLEGE DR
MARSHALL, MN 56258

New Principal Place of Business:

Current Mailing Address:

115 W COLLEGE DR
MARSHALL, MN 56258

New Mailing Address:

FEI Number: 41-1713393

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

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: D () Delete
Name: BURR, TRACY
Address: 115 W COLLEGE DR
City-St-Zip: MARSHALL, MN 56258

Title: SD () Delete
Name: SATTler, BRIAN R.
Address: 115W. COLLEGE DRIVE
City-St-Zip: MARSHALL, MN 56758

Title: D () Delete
Name: PIPPIN, M. LENNY
Address: 115 W COLLEGE DR
City-St-Zip: MARSHALL, MN 56258

Title: CFO () Delete
Name: LEONARDI, HARRY G
Address: 115 W COLLEGE DR
City-St-Zip: MARSHALL, MN 56258

Title: V () Delete
Name: FREEMAN, STEVEN
Address: 115 W COLLEGE DR
City-St-Zip: MARSHALL, MN 56258

Title: P () Delete
Name: OBERKFELL, LAWRENCE
Address: 2855 ROLLING PIN LN
City-St-Zip: SUWANEE, GA 30024

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: CFO (X) Change () Addition
Name: LEONARDI, HARRY G
Address: 2855 ROLLING PIN LN
City-St-Zip: SUWANEE, GA 30024

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 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: BRIAN SATTler

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05/01/2006

Electronic Signature of Signing Officer or Director

Date