

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 01, 2006 08:00 AM
Secretary of State

DOCUMENT # F97000006729

1. Entity Name
INTERNATIONAL DAIRY QUEEN, INC.



Principal Place of Business
7505 METRO BLVD.
MINNEAPOLIS, MN 55439

Mailing Address
7505 METRO BLVD.
PO BOX 39286
MINNEAPOLIS, MN 55439



04192006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
52-2066843

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324

**DO NOT WRITE
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be
Added to Fees

000000554492
05/15/06-80087-019 150.00

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PCEO
MOOTY, CHARLES
7505 METRO BLVD.
MINNEAPOLIS, MN 55439

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
C
MOOTY, JOHN W
7505 METRO BLVD.
MINNEAPOLIS, MN 55439

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
SATC
SIMPSON, JAMES
7505 METRO BLVD.
MINNEAPOLIS, MN 55439

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
V
WATSON, EDWARD A
7505 METRO BLVD.
MINNEAPOLIS, MN 55439

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
S
ZUCCO, WILLIAM
7505 METRO BLVD.
MINNEAPOLIS, MN 55439

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____ Date _____ Daytime Phone # _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR