2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M00000002328

1. Entity Name

LAND O'LAKES FARMLAND FEED LLC

FILED

01 SEP 24 PM 12:17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business	Mailing Address
4001 LEXINGTON AVE. NORTH ARDEN HILLS MN 51126	4001 LEXINGTON AVE. NORTH ARDEN HILLS MN 51126

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
1275 Red Fox Road Suite, Apt. #, etc.	P.O. Box 64101 Suite, Apt. #, etc. MS 2500
City & State: Arden Hills, MN	City & State: St. Paul, MN
Zip: 55112 Country: USA	Zip: 55164-0101 Country: USA

4. FEI Number 41-1981848 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City **FL** Zip Code

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.

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 $50.00
Make Check Payable to Department of State
Due By September 26, 2001

000004616790--4
-10/01/01--01004--017
*****50.00 *****50.00

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☒ Addition President Bob DeGregorio 1275 Red Fox Road Arden Hills, MN 55112
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☒ Addition CFO Dan Knutson 4001 N. Lexington Ave Arden Hills, MN 55112-2921
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☒ Addition Secretary John T. Rebane 4001 N. Lexington Ave. Arden Hills, MN 55112-2921
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☒ Addition V.P. John Madill 1275 Red Fox Road Arden Hills, MN 55112
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☒ Addition V.P. John Swanson 1275 Red Fox Road Arden Hills, MN 55112
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☒ Addition V.P. Frank Goode 1275 Red Fox Road Arden Hills, MN 55112

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: [signature] John T. Rebane 9-18-01 651-481-2222
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #

STAPLE CHECK HERE

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