

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M01000000308

FILED
Apr 14, 2005
Secretary of State

Entity Name: NORTHWEST FOOD PRODUCTS TRANSPORTATION, LLC

Current Principal Place of Business:

755A SOMMER ST. N.
HUDSON, WI 54016

New Principal Place of Business:

Current Mailing Address:

% LAW DEPARTMENT - MS 2500
PO BOX 64101
ST. PAUL, MN 551640101

New Mailing Address:

FEI Number: 39-2012124

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

MANAGING MEMBERS/MEMBERS:

Title: MGR () Delete
Name: SLEPER, JIM
Address: 4001 NORTH LEXINGTON AVE.
City-St-Zip: ARDEN HILLS, MN 55126

Title: MGR () Delete
Name: HAHN, JIM
Address: 4001 NORTH LEXINGTON AVE.
City-St-Zip: ARDEN HILLS, MN 55126

Title: MGR () Delete
Name: DELPERDANG, PAUL
Address: 4001 NORTH LEXINGTON AVE.
City-St-Zip: ARDEN HILLS, MN 55126

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: MGR (X) Change () Addition
Name: PIERSON, ALAN
Address: 400 SOUTH M STREET
City-St-Zip: TULARE, CA 93274

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 Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: PAUL DELPERDANG

MGR

04/14/2005

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date