

# **2004 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M01000002658

Entity Name: PMI NUTRITION, LLC

**FILED**  
**Apr 20, 2004**  
**Secretary of State**

**Current Principal Place of Business:**

1401 SOUTH HANLEY ROAD  
ST. LOUIS, MO 63144

**New Principal Place of Business:**

1080 WEST COUNTY ROAD F  
SHOREVIEW, MN 55126

**Current Mailing Address:**

PO BOX 64101  
MS 2500  
ST PAUL, MN 551640101

**New Mailing Address:**

FEI Number: 41-2016622      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: MGRM ( ) Delete  
Name: PURINA MILLS LLC,  
Address: 1401 SOUTH HANLEY ROAD  
City-St-Zip: ST LOUIS, MO 63144

**ADDITIONS/CHANGES:**

Title: MGRM (X) Change ( ) Addition  
Name: PURINA MILLS LLC,  
Address: 1080 WEST COUNTY ROAD F  
City-St-Zip: SHOREVIEW, MN 55126

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: JOHN W. CURRAN

MGRM

04/20/2004

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