2010 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 26, 2010
Secretary of State

DOCUMENT# M04000004263

Entity Name: GENERAL MILLS CEREALS, LLC

Current Principal Place of Business:

NUMBER ONE GENERAL MILLS BOULEVARD
MINNEAPOLIS, MN 55426

New Principal Place of Business:

Current Mailing Address:

NUMBER ONE GENERAL MILLS BOULEVARD
MINNEAPOLIS, MN 55426

New Mailing Address:

FEI Number: 43-1959240 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

NRAI SERVICES, INC.
2731 EXECUTIVE PARK DRIVE, SUITE 4
WESTON, FL 33331 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/MANAGERS:

Title: MGRM
Name: GM CEREALS OPERATIONS, INC.
Address: NUMBER ONE GENERAL MILLS BOULEVARD
City-St-Zip: MINNEAPOLIS, MN 55426

Title: P
Name: HARMENING, JEFFREY L
Address: NUMBER ONE GENERAL MILLS BLVD
City-St-Zip: MINNEAPOLIS, MN 55426

Title: VP
Name: HARPER, ERNEST M JR
Address: NUMBER ONE GENERAL MILLS BLVD
City-St-Zip: MINNEAPOLIS, MN 55426

Title: S
Name: GUNDERSON, TREVOR V
Address: NUMBER ONE GENERAL MILLS BLVD.
City-St-Zip: MINNEAPOLIS, MN 55426

Title: VP
Name: LUND, RICHARD O
Address: NUMBER ONE GENERAL MILLS BLVD
City-St-Zip: MINNEAPOLIS, MN 55426

Title: AT
Name: MORRIS, GERALD J
Address: NUMBER ONE GENERAL MILLS BLVD
City-St-Zip: MINNEAPOLIS, MN 55426

I hereby 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 Statues.

SIGNATURE: GERALD J MORRIS AT 04/26/2010

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