

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P09904

Entity Name: MORAN FOODS, INC.

FILED  
Feb 08, 2012  
Secretary of State

**Current Principal Place of Business:**

7075 FLYING CLOUD DR  
EDEN PRAIRIE, MN 55344

**New Principal Place of Business:**

**Current Mailing Address:**

CORP TAX DEPT  
PO BOX 20  
BOISE, ID 83726 US

**New Mailing Address:**

FEI Number: 43-1283296      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

CT CORPORATION SYSTEM  
1200 S 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

**OFFICERS AND DIRECTORS:**

Title: P/D  
Name: ROCES, SANTIAGO  
Address: 100 CORPORATE OFFICE DR  
City-St-Zip: EARTH CITY, MO 63045

Title: V/S  
Name: SANTANA, NANCY C  
Address: 100 CORPORATE OFFICE DR  
City-St-Zip: EARTH CITY, MO 63045

Title: V  
Name: TROYER, DOYLE J  
Address: 250 PARKCENTER BLVD  
City-St-Zip: BOISE, ID 83706

Title: COO  
Name: LENKEVICH, THOMAS  
Address: 100 CORPORATE OFFICE DR  
City-St-Zip: EARTH CITY, MO 63045

Title: ASEC  
Name: NUNZIATO, BARBRA A  
Address: 150 PIERCE RD STE 200  
City-St-Zip: ITASCA, IL 60143

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: DOYLE J TROYER

V

02/08/2012

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date