

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED
May 06 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P11001 (5)

1. Corporation Name
CARGILL MARKETING CO., INC.

Principal Place of Business

200 DUNLAP DR
P.O. BOX 161429
MOBILE AL 36616-2429
US

Mailing Address

P.O. BOX 5626 MS 26
MINNEAPOLIS MN 55440-5626
US



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24

25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29

30

3. Date Incorporated or Qualified

08/01/1986

3a. Date of Last Report

04/12/1996

4. FEI Number

63-0400791

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

☒ Yes ☐ No

9. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when re-nesting)

DATE

12. OFFICERS AND DIRECTORS

| | | |
|-----------------|-------------------------|---------------------------------|
| TITLE | PD | <input type="checkbox"/> DELETE |
| NAME | WEINARD, BRUCE A. | |
| STREET ADDRESS | 3100 COTTAGE HILL RD. | |
| CITY - ST - ZIP | MOBILE AL | |
| TITLE | S | <input type="checkbox"/> DELETE |
| NAME | SMITH, JEANMNE Y | |
| STREET ADDRESS | 15615 MCGINTY ROAD WEST | |
| CITY - ST - ZIP | WAYZATA MN | |
| TITLE | T | <input type="checkbox"/> DELETE |
| NAME | VEAZEY, WILLIAM W | |
| STREET ADDRESS | 15615 MCGINTY ROAD WEST | |
| CITY - ST - ZIP | WAYZATA MN | |
| TITLE | V | <input type="checkbox"/> DELETE |
| NAME | BARNETT, BRUCE H | |
| STREET ADDRESS | 15407 MCGINTY ROAD WEST | |
| CITY - ST - ZIP | WAYZATA MN | |
| TITLE | VD | <input type="checkbox"/> DELETE |
| NAME | VARNER, WILLIAM | |
| STREET ADDRESS | 15407 MCGINTY RD W | |
| CITY - ST - ZIP | WAYZATA MN | |
| TITLE | COB | <input type="checkbox"/> DELETE |
| NAME | HALE, WILLIAM M. | |
| STREET ADDRESS | 15615 MCGINTY ROAD WEST | |
| CITY - ST - ZIP | WAYZATA MN | |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| | |
|---------------------|---|
| 1.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME | |
| 1.3 STREET ADDRESS | |
| 1.4 CITY - ST - ZIP | |
| 2.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME | |
| 2.3 STREET ADDRESS | |
| 2.4 CITY - ST - ZIP | |
| 3.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 NAME | |
| 3.3 STREET ADDRESS | |
| 3.4 CITY - ST - ZIP | |
| 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.2 NAME | |
| 4.3 STREET ADDRESS | |
| 4.4 CITY - ST - ZIP | |
| 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5.2 NAME | |
| 5.3 STREET ADDRESS | |
| 5.4 CITY - ST - ZIP | |
| 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 6.2 NAME | |
| 6.3 STREET ADDRESS | |
| 6.4 CITY - ST - ZIP | |

14. I do 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 annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Bruce H. Barnett

BRUCE H. BARNETT

4/24/97

612-742-6406

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/96)