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May 05, 1999 8:00 am
Secretary of State

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PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P11001

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**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/01/1986

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 owes the current year Intangible
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

2a. Mailing Address

26 Suite, Apt. #, etc.

City & State

23 City & State

City & State

28 City & State

Zip Country

24 Zip **25** Country

Zip Country

29 Zip **30** Country

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 reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **PD** ☐ DELETE

NAME **WEINARD, BRUCE A.**
STREET ADDRESS **3100 COTTAGE HILL RD.**
CITY-ST-ZIP **MOBILE AL**

TITLE **S** ☐ DELETE

NAME **SMITH, JEANMNE Y**
STREET ADDRESS **15615 MCGINTY ROAD WEST**
CITY-ST-ZIP **WAYZATA MN**

TITLE **T** ☐ DELETE

NAME **VEAZEY, WILLIAM W**
STREET ADDRESS **15615 MCGINTY ROAD WEST**
CITY-ST-ZIP **WAYZATA MN**

TITLE **V** ☒ DELETE

NAME **BARNETT, BRUCE H**
STREET ADDRESS **15407 MCGINTY ROAD WEST**
CITY-ST-ZIP **WAYZATA MN**

TITLE **VD** ☐ DELETE

NAME **VARNER, WILLIAM**
STREET ADDRESS **15407 MCGINTY RD W**
CITY-ST-ZIP **WAYZATA MN**

TITLE **COB** ☐ 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 ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☒ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I 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, with all other like empowered.

SIGNATURE: *Patrice H. Halbach* **PATRICE H. HALBACH** 4/29/99 612-742-6406
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E034 (11/98)