## **2000 UNIFORM BUSINESS REPORT (UBR) DOCUMENT # P11001** 1. Entity Name CARGILL MARKETING CO., INC.

## **FILED** Mar 30, 2000 8:00 am Secretary of State

						03-30-2000 9	•	***150	0.00	
Principal Plac	e of Business	Mailing Address	Mailing Address							
200 DUNLAP DR P.O. BOX 161429 MOBILE AL 36616-2429 US		P.O. BOX 5626 MS 26 MINNEAPOLIS MN 55440-5626 US				1 (A THE STATE OF	. <b>8 18</b> 14 <b>8 18</b> 14 <b>6</b> 11		1 <b>6(1</b> ) 1 <b>64</b> )	
2. Principal Place of Business		3. Mailing Address								
Suite, Apt. #, etc.		Suite, Apt. #, etc.				DO NOT WRITE IN THIS SPACE				
City & State		City & State			<b>4</b> . F	4. FEI Number 63-0400791			Applied For Not Applicable	
Zip	Country	Zip	Count	ry	5. (	Certificate of Status Desired		3.75 Add	ditional	
	6. Name and Address of Current F	Registered Agent	1		7. 1	Name and Address of New Reg	istered Age	ent		
				Name						
	ORPORATION SYSTEM S. PINE ISLAND ROAD	Street Address			ess (P.O. B	s (P.O. Box Number is Not Acceptable)				
	ITATION FL 33324									
				City			FL	Zip Cod	e	
8. The above	named entity submits this statement for	the purpose of changing its	s registere	d office or reg	istered ag	ent, or both, in the State of Florid	ia.			
SIGNATURE .	Signature, typed or printed name of registered agent at	not title it applicable (NO)	TE: Registered	Agent signature rec	nuired when re	unstating)	DATE			
Tax filing r	oration is eligible to satisfy its Intangible requirement and elects to do so.	FILE NOW After MAY 1, 20 Make Check Payal	000 Fee v	vill be \$550.0		10. Election Campaign Finan Trust Fund Contribution.	cing		<b>0</b> May Be I to Fees	
11.	OFFICERS AND I	<u> </u>	12.	-		LODITIONS/CHANGES TO OFFICE	ERS AND D	IRECTOR	S IN 11	
TITLE	PD	Delete	TITLE		, ,,,	<u> </u>		Change	Addition	
NAME	WEINARD, BRUCE A.		NAME							
STREET ADDRESS	3100 COTTAGE HILL RD.		STREE	T ADDRESS						
CITY-ST-ZIP	MOBILE AL		CITY-	ST-ZIP						
TITLE	S	☐ Delete	TITLE					] Change	☐ Addition	
NAME	SMITH, JEANMNE Y		NAME	i i						
STREET ADDRESS				T ADORESS						
CITY-ST-ZIP	WAYZATA MN			ST-ZIP					<u></u>	
TITLE	   \/EA7EV_\A/	☐ Delete	TITLE	- 1			L	Change	Addition	
NAME STREET ADDRESS	VEAZEY, WILLIAM W 15615 MCGINTY ROAD WEST		NAME	ET ADDRESS						
CITY-ST-ZIP	WAYZATA MN			ST-ZIP						
TITLÉ	AS	☐ D∈lete	TITLE		MICE	DECIDENT	₩.	Change	☐ Addition	
NAME	HALBACH, PATRICE H	□ Desete	NAME	1	VICE	PRESIDENT	A	U onlings		
STREET ADDRESS	15407 MCGINTY ROAD WEST			T ADDRESS						
CITY-ST-ZIP	WAYZATA MN 55391		CITY-	ST-ZIP						
TITLE	VD	☐X D∈ lete	TITLE			stant Secretary		Change	X Addition	
NAME	VARNER, WILLIAM	NAM				ILLIANOL: LUNDEEN				
STREET ADDRESS	15407 MCGINTY RD W			T ADDRESS	1540	7 MC GINTY RD				
CITY-ST-ZIP	WAYZATA MN		CITY-	ST-ZIP	WAYZ	ATA, MN 55391				
TITLE , 2		☐ D∈lete	TITLE					] Change	☐ Addition	
NAME	HALE, WILLIAM M.		NAME							
STREET ADDRESS	15615 MCGINTY ROAD WEST			T ADDRESS						
CITY-ST-ZIP	WAYZATA MN		CITY-	ST-ZIP						
13. I hereby of indicated	certify that the information supplied with on this report or supplemental report is	this filing does not qualify for true and accurate and that	or the exer my signati	nption stated i	n Section the same I	119.07(3)(i), Florida Statutes. I fullegal effect as if made under oat	rther certify	that the in	nformation 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 11 or Block 12 if changed, or on an attachment will) an address, with all other like empowered.

Lillian I. Lundeen
Signayore and typed on printed name of signing officer on director