## 2001 UNIFORM BUSINESS REPORT (UBR) **DOCUMENT # P11001** 1. Entity Name CARGILL MARKETING CO., INC.

## FILED Apr 26, 2001 8:00 am Secretary of State

04-26-2001 90322 021 \*\*\*150.00

Principal Place of Business Mailing Address								
00 DUNLAP DR .O. BOX 161429 IOBILE AL 36616-2429 IS		P.O. BOX 5626 MS 26 Minneapolis Mn 55440-5626 US			ing agrice of the desired			
	ace 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 62.0400701 Applied For			
					-El Number 63-040079		Not	t Applicable
Zip	Country	Zip	Country	5. (	Certificate of Status Desired		<b>8.75</b> Addi ee Required	
	6. Name and Address of Current	Registered Agent		7. N	lame and Address of New F	Registered Ag	ent	
	OBBODITION OVOTER		Name					
CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD			Street	Address (P.O. B	lox Number is Not Acceptabl	e)		
PLAN	TATION FL 33324							
			City			5 to 1	Zip Coae	<b>)</b>
8. The above	named entity submits this statement fo	r the purpose of changing it	s registered office	or registered ag	ent, or both, in the State of F	lorida.		,
SIGNATURE .								
SIGNATURE.	Signature, typed or printed name of registered agent	and title flapplicable. (NO	TE: Registered Agent sign	ature required when re	einstating)	DATE		
9. This corpo	pration is eligible to satisfy its Intangible	FILE NOW	'!!! FEE IS \$150	00,0	10 Floation Committee Fi			
Tax filing requirement and elects to do so. (See criteria on back)		After MAY 1, 2001 Fee will be \$550.00 Make Check Payable to Department of S			10. Election Campaign Fi Trust Fund Contribution			<b>0</b> May Be I to Fees
11.	OFFICERS AND		12.		DDITIONS/CHANGES TO OF	FICERS AND D	DIRECTORS	3 IN 11
TITLE	PD	☐ Delete	TITLE				☐ Change	Addition
NAME	WEINARD, BRUCE A.		NAME					
STREET ADDRESS CITY-SY-ZIP	3100 COTTAGE HILL RD.		STREET ADDRESS CHY-ST-ZiP	3				
THE	MOBILE AL	Delete	_	1			Chongo	Add tion
NAME	SMITH, JEANMNE Y	☐ Delete	TITLE NAME				☐ Change	Add tion
STREET ADDRESS	15615 MCGINTY ROAD WEST		STREET ADDRESS	S				
CITY-ST-ZIP	WAYZATA MN		CITY-ST-Z:P					
TITLE	T	☐ Delete	TITLE				☐ Change	Addition
NAME	VEAZEY, WILLIAM W		NAME					
STREET ADDRESS	15615 MCGINTY ROAD WEST		STREET ADDRES	s				
CITY-ST-ZIP	WAYZATA MN		CITY-ST-ZiP					
TITLE	V	☐ Delete	TITLE	Vice 1	President		Change	Addition
NAME STREET ADDRESS	HALBACH, PATRICE H		NAME STREET ADDRES					
CITY-ST-ZIP	15407 MCGINTY ROAD WEST		CITY-ST-ZIP	٠				
TITLE	WAYZATA MN 55391 AS	□ Delete	TITLE		<del></del>		☐ Change	Addition
NAME	LUNDEEN, LILLIAN I	TO DAIGIG	NAME				∟ ona⊹yd	∟ Maorecii
STREET ADDRESS			STREET ADDRES	s				
CITY-ST-ZIP	WAYZATA MN 55391		CITY-ST-ZIP					
TITLE	COB	☐ Delete	TETEE				☐ Change	Adoltion
NAME	HALE, WILLIAM M.	L Doicio	NAME					
STREET ADDRESS	1		STREET ADDRES	s				
CITY-ST-ZIP	WAYZATA MN		CITY-ST-ZIP					
13 Lhoroby	portification that the information according with	k this filing close not avalled	factba averagion	takadia Caaliaa	110 07/0V// Florida Ctatuta		E . H H *	

indicated on this report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

LI 1
TUBE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Lillian Lundeen, Ass't. Sect.

04-11-01 952-742-

6419