

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P14725

FILED
Apr 02, 2007
Secretary of State

Entity Name: ASSOCIATED MILK PRODUCERS, INC.

Current Principal Place of Business:

315 NORTH BROADWAY
P.O. BOX 455
NEW ULM, MN 560730455 US

New Principal Place of Business:

315 NORTH BROADWAY
NEW ULM, MN 560730455 US

Current Mailing Address:

315 NORTH BROADWAY
P.O. BOX 455
NEW ULM, MN 560730455 US

New Mailing Address:

315 NORTH BROADWAY
NEW ULM, MN 560730455 US

FEI Number: 74-1649119

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: VP () Delete
Name: LYON, ROGER
Address: 10323 190TH STREET
City-St-Zip: VILLARD, MN 56385

Title: P () Delete
Name: TOFT, PAUL
Address: 1756 25TH AVE
City-St-Zip: RICE LAKE, WI 54868

Title: S () Delete
Name: JOHNSON, PHIL
Address: RT 2 N7232 CTH D
City-St-Zip: HOMEN, WI 54636

Title: T () Delete
Name: ZWALD, GREG
Address: 1609 COUNTY ROAD Z
City-St-Zip: HAMMOND, WI 54015

Title: AT () Delete
Name: TOMM, BRIAN
Address: AMPI 315 NORTH BROADWAY
City-St-Zip: NEW ULM, MN 56073

Title: D () Delete
Name: DURST, RON
Address: 25343 565TH STREET
City-St-Zip: MANTORVILLE, MN 55955

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: T (X) Change () Addition
Name: HOFFMAN, DALE
Address: 17965 320TH AVENUE
City-St-Zip: WASECA, MN 56093

Title: AS (X) Change () Addition
Name: WELCH, ED
Address: 315 NORTH BROADWAY
City-St-Zip: NEW ULM, MN 56073

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ED WELCH

AS

04/02/2007

Electronic Signature of Signing Officer or Director

Date