

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED  
Apr 15, 2008  
Secretary of State

DOCUMENT# P14725

Entity Name: ASSOCIATED MILK PRODUCERS, INC.

**Current Principal Place of Business:**

315 NORTH BROADWAY  
NEW ULM, MN 560730455 US

**New Principal Place of Business:**

**Current Mailing Address:**

315 NORTH BROADWAY  
NEW ULM, MN 560730455 US

**New Mailing Address:**

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: HOFFMAN, DALE  
Address: 17965 320TH AVENUE  
City-St-Zip: WASECA, MN 56093

Title: AS ( ) Delete  
Name: WELCH, ED  
Address: 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: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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

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

I hereby certify that the information supplied with this filing does not qualify 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

04/15/2008

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date