

2016 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P95000042038

Entity Name: FONTERRA FOODSERVICES (USA), INC.**Current Principal Place of Business:**9525 WEST BRYN MAWR AVENUE
SUITE 700
ROSEMONT, IL 60018**Current Mailing Address:**9525 WEST BRYN MAWR AVENUE
SUITE 700
ROSEMONT, IL 60018 US**FEI Number:** 65-0581959**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301 US*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**Officer/Director Detail :**

Title	PRESIDENT, CEO, DIRECTOR
Name	PIPER, MARK
Address	9525 WEST BRYN MAWR AVENUE, STE 700
City-State-Zip:	ROSEMONT IL 60018

Title	CFO, TREASURER, DIRECTOR
Name	PEDERSEN, RICHARD JOSEPH
Address	9525 WEST BRYN MAWR AVENUE SUITE 700
City-State-Zip:	ROSEMONT IL 60018

Title	VP, SECRETARY
Name	CHRISTIANSEN, NICOLE
Address	9525 WEST BRYN MAWR AVENUE SUITE 700
City-State-Zip:	ROSEMONT IL 60018

Title	DIRECTOR
Name	DUNCAN, GRANT
Address	9 PRINCES STREET
City-State-Zip:	AUCKLAND 1142

Title	COO
Name	PFAU, JEFFREY
Address	9525 WEST BRYN MAWR AVENUE SUITE 700
City-State-Zip:	ROSEMONT IL 60018

I hereby 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 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: NICOLE CHRISTIANSEN**SECRETARY****03/23/2016**_____
Electronic Signature of Signing Officer/Director Detail_____
Date