

**2013 FOREIGN NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P14725

**FILED**  
**Apr 15, 2013**  
**Secretary of State**  
**CC3312992533**

**Entity Name:** ASSOCIATED MILK PRODUCERS, INC.

**Current Principal Place of Business:**

315 NORTH BROADWAY  
NEW ULM, MN 56073-0455

**Current Mailing Address:**

315 NORTH BROADWAY  
NEW ULM, MN 56073-0455 US

**FEI Number: 74-1649119**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

CT CORPORATION SYSTEM  
1200 S. PINE ISLAND ROAD  
PLANTATION, FL 33324 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 VP  
Name TEMME, DOUG  
Address 57468 859TH ROAD  
City-State-Zip: WAYNE NE 68787

Title P  
Name SCHLANGEN, STEVE  
Address 28365 COUNTY ROAD 41  
City-State-Zip: ALBANY MN 56307

Title S  
Name JOHNSON, PHIL  
Address RT 2 N7232 CTH D  
City-State-Zip: HOMEN WI 54636

Title T  
Name NEVIN, BRAD  
Address 1768 14TH STREET  
City-State-Zip: RICE LAKE WI 54868

Title AS  
Name WELCH, ED  
Address 315 NORTH BROADWAY  
City-State-Zip: NEW ULM MN 56073

Title D  
Name NEVIN, BRAD  
Address 1768 14TH STREET  
City-State-Zip: RICE LAKE WI 54868

Title ASST. TREASURER  
Name RADLOFF, PATRICIA  
Address 315 NORTH BROADWAY  
City-State-Zip: NEW ULM MN 56073

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

**SIGNATURE: PATRICIA RADLOFF**

**ASSISTANT TREASURER 04/15/2013**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date