

**2016 FOREIGN NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P14725

**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	Title	P
Name	TEMME, DOUG	Name	SCHLANGEN, STEVE
Address	57468 859TH ROAD	Address	28365 COUNTY ROAD 41
City-State-Zip:	WAYNE NE 68787	City-State-Zip:	ALBANY MN 56307
Title	S	Title	T
Name	BROCKSHUS, BRUCE	Name	NEVIN, BRAD
Address	1286 TYLER AVENUE	Address	1768 14TH STREET
City-State-Zip:	OCHEYEDAN IA 51354	City-State-Zip:	RICE LAKE WI 54868
Title	AS	Title	D
Name	DEVELDER, DONN	Name	NEVIN, BRAD
Address	315 NORTH BROADWAY	Address	1768 14TH STREET
City-State-Zip:	NEW ULM MN 56073	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 04/05/2016**

Electronic Signature of Signing Officer/Director Detail

Date