

2021 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
Name TEMME, DOUG
Address 57468 859TH ROAD
City-State-Zip: WAYNE NE 68787

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

Title SECRETARY
Name MAAS, BRUCE
Address 16659 200TH STREET
City-State-Zip: WALNUT GROVE MN 56180

Title ASST. SECRETARY
Name DEVELDER, DONN
Address 315 NORTH BROADWAY
City-State-Zip: NEW ULM MN 56073

Title DIRECTOR
Name HOSCHEIT, TOM
Address 11608 COUNTY 5
City-State-Zip: CALEDONIA MN 55921

Title TREASURER
Name PETERSON, DAVE
Address 32786 COUNTY HWY X
City-State-Zip: BOYD WI 54726

Title ASST. SECRETARY
Name MESHKE, SHERYL
Address 315 NORTH BROADWAY
City-State-Zip: NEW ULM MN 56073

Title DIRECTOR
Name OVERLAND, ALAN
Address 39300 HILL STREET ROAD
City-State-Zip: STURGEON LAKE MN 55783

Continues on page 2

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: BROCK KLINE

ASSISTANT TREASURER 04/05/2021

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title DIRECTOR
Name JANDT, TOM
Address N3449 COUNTY ROAD M
City-State-Zip: WEST SALEM MN 54669

Title DIRECTOR
Name BLOUGH, JOSHUA
Address 124 RUBY DRIVE
City-State-Zip: WATERLOO MN 50702

Title ASST. TREASURER
Name KLINE, BROCK
Address 315 NORTH BROADWAY
 PO BOX 455
City-State-Zip: NEW ULM MN 56073