

2015 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 838422

Entity Name: SCHWAN'S HOME SERVICE, INC.**Current Principal Place of Business:**115 WEST COLLEGE DRIVE
MARSHALL, MN 56258**Current Mailing Address:**115 WEST COLLEGE DRIVE
MARSHALL, MN 56258**FEI Number:** 41-0879087**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	CEO
Name	MUSCATO, DAVE
Address	8500 NORMANDALE LAKE BLVD.
City-State-Zip:	BLOOMINGTON MN 55437

Title	DS
Name	SATTLER, BRIAN R
Address	8500 NORMANDALE LAKE BLVD.
City-State-Zip:	BLOOMINGTON MN 55437

Title	CFO
Name	NAU, KATE
Address	8500 NORMANDALE LAKE BLVD.
City-State-Zip:	BLOOMINGTON MN 55437

Title	D
Name	GALLOWAY, ROBIN
Address	8500 NORMANDALE LAKE BLVD.
City-State-Zip:	BLOOMINGTON MN 55437

Title	ASST
Name	DIRCKX, HEIDI
Address	115 WEST COLLEGE DRIVE
City-State-Zip:	MARSHALL MN 56258

Title	DIRECTOR
Name	SMYRNIOS, DIMITRIOS
Address	8500 NORMANDALE LAKE BLVD.
City-State-Zip:	BLOOMINGTON MN 55437

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: BRIAN R SATTLER**SECRETARY****02/17/2015**_____
Electronic Signature of Signing Officer/Director Detail_____
Date