

2014 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 GEREND, MIKE
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 DOLLIVE, JAMES P
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****01/08/2014**

Electronic Signature of Signing Officer/Director Detail

Date