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: JULIA GAUSTAD

Electronic Signature of Signing Officer/Director Detail

# Entity Name: C. L. SWANSON CORPORATION

## **Current Principal Place of Business:**

4009 FELLAND ROAD 109 MADISON, WI 53718

DOCUMENT# 851783

## **Current Mailing Address:**

P O BOX 189 COTTAGE GROVE, WI 53527 US

## FEI Number: 39-0975669

## Name and Address of Current Registered Agent:

SWANSON, CHARLES LJR. 2115 63RD AVENUE, EAST BRADENTON, FL 34203 US

FILED Apr 04, 2017 Secretary of State CC0763428126

Certificate of Status Desired: No

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

2017 FOREIGN PROFIT CORPORATION ANNUAL REPORT

## **Officer/Director Detail :**

Officer/Director Detail :			
Title	CD	Title	ST
Name	SWANSON, CHARLES L, JR	Name	SWANSON, MARTHA A
Address	1502 EASTBROOK	Address	1502 EASTBROOK
City-State-Zip:	SARASOTA FL 34231	City-State-Zip:	SARASOTA FL 34231
Title	С	Title	VP
Name	GAUSTAD, JULIA	Name	DILLON, KELLY A
Address	P O BOX 189	Address	5176 ISLAND POINT
City-State-Zip:	COTTAGE GROVE WI 53527	City-State-Zip:	EVERGREEN CO 80439
Title	VP		
Name	SWANSON, CHRISTOPHER M		
Address	PO BOX 96073		
City-State-Zip:	SOUTHLAKE TX 76092		

ACCOUNTING MANAGER 04/04/2017

Date

Date