

**2014 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 851783

**Entity Name:** C. L. SWANSON CORPORATION

**Current Principal Place of Business:**

220 PROGRESS DRIVE  
COTTAGE GROVE, WI 53527

**Current Mailing Address:**

P O BOX 189  
COTTAGE GROVE, WI 53527 US

**FEI Number:** 39-0975669

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

SWANSON, CHARLES LJR.  
2115 63RD AVENUE, EAST  
BRADENTON, FL 34203 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 CD  
Name SWANSON, CHARLES L, JR  
Address 4424 CAMINO ROAD  
City-State-Zip: SARASOTA FL 34231

Title ST  
Name SWANSON, MARTHA A  
Address 4424 CAMINO ROAD  
City-State-Zip: SARASOTA FL 34231

Title V  
Name SWANSON, CHARLES LIIII  
Address 18910 69TH AVE, EAST  
City-State-Zip: BRADENTON FL 34211

Title C  
Name GAUSTAD, JULIA  
Address P O BOX 189  
City-State-Zip: COTTAGE GROVE WI 53527

*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

**ACCOUNTING MANAGER** 04/02/2014

Electronic Signature of Signing Officer/Director Detail

Date