



**PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2004**

Filing Period: January 1 - March 1 • Filing Fee: \$50.00  
(FORM MUST BE TYPED OR PRINTED IN BLACK)

|  |                     |   |   |                     |                     |
|--|---------------------|---|---|---------------------|---------------------|
| 1. Corporate ID No<br><b>135232</b>  |                     | 2. Name of Corporation<br><b>Tri-State Breeders Cooperative</b> |   |                     |                     |
| 3. Street Address Principal Business Office<br><b>E 10890 PENNY LANE</b>   |                     |   | City<br><b>BARABOO</b>  | State<br><b>WI.</b> | Zip<br><b>53913</b> |
| 4. Business Phone No.<br><b>608-356-8357</b>   |                     | 5. State of Incorporation<br><b>WISCONSIN</b>                   |   |                     | 6. SIC Code         |
| 7. Brief Description of the Character of Business Conducted in Rhode Island<br><b>SERVICES TO DAIRY AND BEEF CATTLE; SALES AND SERVICES FOR ANIMAL HEALTH PRODUCTS</b> |                     |   |   |                     |                     |
| 8. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS                                      |                     |   |   |                     |                     |
| President Name<br><b>ROGER L. RIPLEY</b>   |                     |   | Vice President Name<br><b>William M. Cox</b>                        |                     |                     |
| Street Address<br><b>E10890 PENNY LANE</b>   |                     |   | Street Address<br><b>E10890 PENNY LANE</b>                          |                     |                     |
| City<br><b>BARABOO</b>   | State<br><b>WI.</b> | Zip<br><b>53913</b>   | City<br><b>BARABOO</b>  | State<br><b>WI.</b> | Zip<br><b>53913</b> |
| Secretary Name   |                     |   | Treasurer Name  |                     |                     |
| Street Address   |                     |   | Street Address  |                     |                     |
| City   | State               | Zip   | City  | State               | Zip                 |
| 9. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS                                     |                     |   |   |                     |                     |
| Director Name  |                     |   | Director Name   |                     |                     |
| Street Address   |                     |   | Street Address  |                     |                     |
| City   | State               | Zip   | City  | State               | Zip                 |
| Director Name  |                     |   | Director Name   |                     |                     |
| Street Address   |                     |   | Street Address  |                     |                     |
| City   | State               | Zip   | City  | State               | Zip                 |
| 10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>  |                     |   | 11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> |                     |                     |
| AUTHORIZED SHARES  |                     |   | ISSUED SHARES   |                     |                     |
| Number of Shares   | Class/Series        | Par Value   | Number of Shares  | Class/Series        | Par Value           |
| <b>NOT APPLICABLE</b>  |                     |   |   |                     |                     |

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



\* 1 3 5 2 3 2 \*

File Date 6.22.04  
Check No. 234988  
By: lp

FOR SECRETARY OF STATE USE ONLY

Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.

Signature of Officer William M. Cox Date 6/9/04  
Print or Type Name of Officer William M. Cox  
Title of Officer V.P. FINANCE & ASST. TREASURER