



LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2005

Filing Period: September 1 - November 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1 ID No. 113160		2 Exact name of the limited liability company Agro Distribution, LLC	
3 State of Formation DELAWARE		4 Brief description of the character of the business which is actually conducted in Rhode Island DISTRIBUTION AND MARKETING OF FERTILIZER AND CROP PROTECTION PRODUCTS	
5. Principal office address 5500 Cenex Drive		City Inver Grove Heights	State MN
			Zip 55077
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:			
Contact Name Land O'Lakes Law Department - MS 2500		Contact Title	
Street Address PO Box 64101		City St. Paul	State MN
			Zip 55164-0101
7. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE FILL IN SPACES BEFORE USING ATTACHMENTS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> ANY MODIFICATIONS TO MANAGERS REQUIRES FILING OF AMENDMENT, R.I.G.L. 7-16-12 (a) (2) / 7-16-52			
Manager Name John E. Cherty		Manager Name Dan Knutson	
Street Address 4001 N. Lexington Avenue		Street Address 4001 N. Lexington Avenue	
City Arden Hills	State MN	City Arden Hills	State MN
Zip 55126		Zip 55126	
Manager Name Leon Westbrook		Manager Name	
Street Address 5500 Cenex Drive		Street Address	
City Inver Grove Heights	State MN	City	State
Zip 55077		Zip	
8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER - Changes require filing of Form 642 - R.I.G.L. 7-16-11			
Agent Name CT CORPORATION SYSTEM		Address	
Address 10 WEYBOSSET STREET		City PROVIDENCE	Zip 02903-

This report must be signed in ink by an authorized person pursuant to R.I.G.L. 7-16-66.



113160

File Date 9/20/05
Check No. 14518327
By: A
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.

PKS. SJ 9-15-05
Signature of Authorized Person Date
Peter S. Janzen, Assistant Secretary
Print or Type Name of Authorized Person



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
Office of the Secretary of State
Matthew A. Brown, Secretary of State

Corporations Division
100 North Main Street
Providence, RI 02903-1335
401.222.3040

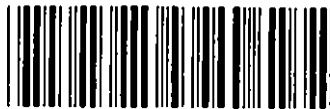
LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2004

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Contact Name Land O'Lakes Law Department- MS 2500			Contact Title		
Street Address PO Box 64101		City St. Paul	State MN	Zip 55164-0101	
7. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE FILL IN SPACES BEFORE USING ATTACHMENTS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> ANY MODIFICATIONS TO MANAGERS REQUIRES FILING OF AMENDMENT, R.I.G.L. 7-16-12 (a) (2) / 7-16-52					
Manager Name John E. Gherty			Manager Name Dan Knutson		
Street Address 4001 N. Lexington Avenue			Street Address 4001 N. Lexington Avenue		
City Arden Hills	State MN	Zip 55126	City Arden Hills	State MN	Zip 55126
Manager Name Leon Westbrook			Manager Name Rick Browne		
Street Address 5500 Cenex Drive			Street Address 103 West 26th Avenue		
City Inver Grove Heights	State MN	Zip 55077	City North Kansas City	State MO	Zip 64116
8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER - Changes require filing of Form 642 - R.I.G.L. 7-16-11					
Agent Name CT CORPORATION SYSTEM			Address		
Address 10 WEYBOSSET STREET		City PROVIDENCE	Zip 02903-		

This report must be signed in ink by an authorized person pursuant to R.I.G.L. 7-16-66.



* 1 1 3 1 6 0 *

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.

File Date 9/20/04
Check No. 14421029
By: DA
FOR SECRETARY OF STATE USE ONLY

Peter S. Janzen 9-13-04
Signature of Authorized Person Date
Peter S. Janzen, Assistant Secretary
Print or Type Name of Authorized Person



LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2003

Filing Period: September 1 - November 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. ID No. 113160		2. Exact name of the limited liability company Agro Distribution, LLC	
3. State of Formation Delaware		4. Brief description of the character of the business which is actually conducted in Rhode Island Distribution & marketing of fertilizer and crop protection products	
5. Principal office address 5500 Cenex Drive		City Inver Grove Heights	State MN
		Zip 55007	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:			
Contact Name Law Department - MS 2500		Contact Title	
Street Address PO Box 64101		City St. Paul	State MN
		Zip 55164-0101	
7. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY IF APPLICABLE <small>IF MORE THAN ONE PERSON IS A MANAGER, LIST ALL NAMES AND ADDRESSES IN SEPARATE SECTIONS. ANY MODIFICATIONS TO MANAGERS REQUIRES FILING OF AMENDMENT (RGS 7-6-2 (b)) 2/16/04</small>			
Manager Name John E. Gherty		• Manager Name Dan Knutson	
Street Address 4001 N. Lexington Avenue		• Street Address 4001 N. Lexington Avenue	
City Arden Hills	State MN	City Arden Hills	State MN
Zip 55126		Zip 55126	
Manager Name Leon Westbrook		• Manager Name Rick Browne	
Street Address 5500 Cenex Drive		• Street Address 103 West 26th Avenue	
City Inver Grove Hgts	State MN	City North Kansas City	State MO
Zip 55077		Zip 64116	
8. RESIDENT AGENT IN RHODE ISLAND DO NOT ALTER <small>Changes requiring filing of Form 332 RGS 7-6-2</small>			
Agent Name CT Corporation System		Address 10 Weybosset Street	
Address fg		City Providence	Zip 02903

RECEIVED
SECRETARY OF STATE
JUL 14 9 29 AM '04

This report must be signed in ink by an authorized person pursuant to 7-16-66.

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.

FILED

File Date JUL 14 2004

Check No. M37795

By: M37795

FOR SECRETARY OF STATE USE ONLY

Dan Knutson 7-6-04
Signature of Authorized Person Date

Dan Knutson
Print or Type Name of Authorized Person



LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2002

Filing Period: September 1 - November 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. ID No. 113160		2. Exact name of the limited liability company Agro Distribution, LLC	
3. State of Formation Delaware		4. Brief description of the character of the business which is actually conducted in Rhode Island Distribution & marketing of fertilizer and crop protection products	
5. Principal office address 5500 Cenex Drive		City Inver Grove Heights	State MN
		Zip 55007	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:			
Contact Name Law Department - MS 2500		Contact Title	
Street Address PO Box 64101		City St. Paul	State MN
		Zip 55164-0101	
7. NAME AND ADDRESS OF EACH MEMBER OF THE LIMITED LIABILITY COMPANY IF APPLICABLE SEE INSTRUCTIONS REGARDING FILING OF THIS REPORT ANY INDICATIONS TO MANAGERS SHOULD BE INDICATED BY CHECKING THE BOXES TO THE LEFT			
Manager Name John E. Gherty		• Manager Name • Dan Knutson	
Street Address 4001 N. Lexington Avenue		• Street Address • 4001 N. Lexington Avenue	
City Arden Hills	State MN	City Arden Hills	State MN
Zip 55126		Zip 55126	
Manager Name Leon Westbrook		• Manager Name • Rick Browne	
Street Address 5500 Cenex Drive		• Street Address • 103 West 26th Avenue	
City Inver Grove Hgts	State MN	City North Kansas City	State MO
Zip 55077		Zip 64116	
8. RESIDENT AGENT IN RHODE ISLAND - DO NOT CHECK CHANGES (REQUIRED UNDER RI FORM 222 - 3-01-03)			
Agent Name CT Corporation System		Address 10 Weybosset Street	
Address fg		City Providence	Zip 02903

RECEIVED
 JUL 14 3 23 PM '04

This report must be signed in ink by an authorized person pursuant to 7-16-66.

FILED

File Date: JUL 14 2004

Check No. _____

By: By M37745

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 Authorized Person Date 7-6-04

Dan Knutson
 Print or Type Name of Authorized Person



LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2001

Filing Period: September 1 - November 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. ID No. 113160		2. Exact name of the limited liability company Agro Distribution, LLC	
3. State of Formation Delaware		4. Brief description of the character of the business which is actually conducted in Rhode Island Distribution & marketing of fertilizer and crop protection products	
5. Principal office address 5500 Cenex Drive		City Inver Grove Heights	State MN
		Zip 55007	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:			
Contact Name Law Department - MS 2500		Contact Title .	
Street Address PO Box 64101		City St. Paul	State MN
		Zip 55164-0101	
7. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE FILL IN SPACES BEFORE USING ATTACHMENTS ("X" BOX FOR ATTACHMENT) <input checked="" type="checkbox"/> ANY MODIFICATIONS TO MANAGERS REQUIRES FILING OF AMENDMENT. R.I.G.L. 7-16-12 (a) (2) 7-16-52			
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Zip 55126		Zip 55126	
Manager Name Leon Westbrook		Manager Name Rick Browne	
Street Address 5500 Cenex Drive		Street Address 103 West 26th Avenue	
City Inver Grove Hgts	State MN	City North Kansas City	State MO
Zip 55077		Zip 64116	
8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER - Changes require filing of Form 642 - R.I.G.L. 7-16-11			
Agent Name CT Corporation System		Address 10 Weybosset Street	
Address fg		City Providence	Zip 02903

RECEIVED
CORPORATIONS DIVISION
JUL 14 9 23 AM '04

This report must be signed in ink by an authorized person pursuant to 7-16-66.

FILED

File Date JUL 14 2004

Check No. By JN37795

By: _____

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.

Dan Knutson 7-6-04
Signature of Authorized Person Date

Dan Knutson
Print or Type Name of Authorized Person