



Illinois Department of Agriculture • Bureau of Warehouses
 P.O. Box 19281 • Springfield, IL 62794-9281 • 217/782-2895 • TTY 866/287-2999 • Fax 217/524-7801

**FIRST ELECTION OF OFFICERS
 AGRICULTURAL CO-OPERATIVE ACT
 805 ILCS 315/13**

Within 30 days after the first election of officers, the association shall file a report with the Director of Agriculture stating the names and addresses of the association's principal officers and directors. The report shall also state the association's principal place of business, proposed business operations and proposed fiscal year-end.

Principal Place of Business (the principal mailing address where annual report is to be sent):

Legal Name of Company	DBA (Additional name legally authorized to do business as)		
Additional Address (Building name, suite number, mail stop, etc.)			
E 911 Address (physical street location – required item)			
U. S. Postal Address (P. O. Box, etc.)			
City	State	County	Zip Code
Company's Telephone Number	Fax Number		
Contact Person	Contact's Telephone Number and Extension		
Contact's E-mail Address	Company's Internet Site		

Principal Illinois Location (if the same as the principal place of business just enter "SAME"):

Additional Address (Building name, suite number, mail stop, etc.)			
E 911 Address (physical street location – required item)			
U. S. Postal Address (P. O. Box, etc.)			
City	State	County	Zip Code
Contact Person for this location:	Contact's Telephone Number and Extension		
Contact's E-mail Address	Contact's Fax Number		

Illinois Incorporation File Number (This number was given by the Secretary of State's office when this company originally filed their articles of incorporation or obtained their certificate or authority) _____

Proposed fiscal year-end _____

SECTION A: General Statement of Business Operations

1. Principal commodities, or products, handled by the cooperative: _____

2. The cooperative has offices in the following states: _____

Stock Association

Non-Stock Association

Number of Stockholders:	Number of Members:
Capital Stock Paid Up:	Membership Fees:

SECTION B: Officers and Directors

Name:			President
E 911 Address (physical street location):			
U. S. Postal Address (P. O. Box, etc.):			
City:	State:	County:	Zip Code:
Name:			Registered Agent
E 911 Address (physical street location):			
U. S. Postal Address (P. O. Box, etc.):			
City:	State:	County:	Zip Code:
Name:	List Position		
E 911 Address (physical street location):	U. S. Postal Address (P. O. Box, etc.):		
City:	State:	County:	Zip Code:
Name:	List Position		
E 911 Address (physical street location):	U. S. Postal Address (P. O. Box, etc.):		
City:	State:	County:	Zip Code:
Name:	List Position		
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City:	State:	County:	Zip Code:
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City:	State:	County:	Zip Code:
Name:	List Position		
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City:	State:	County:	Zip Code:
Name:	List Position		
E 911 Address (physical street location):	U. S. Postal Address (P. O. Box, etc.):		
City:	State:	County:	Zip Code:

(If additional space is needed please attach a separate sheet.)

An officer of the association must sign this report.

NAME OF COMPANY

SIGNATURE

TITLE

DATE

IMPORTANT NOTICE: This state agency is requesting disclosure of information that is necessary to accomplish the statutory purpose as outlined under Illinois Compiled Statutes, Ch 805 par 315. Failure to provide this information shall prevent this form from being processed. IL 406-1675(5-03)