

**2021 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F13000002742

**Entity Name:** VALLEY PROTEINS, INC.

**Current Principal Place of Business:**

151 VAL PRO DRIVE  
WINCHESTER, VA 22604

**Current Mailing Address:**

PO BOX 3588  
WINCHESTER, VA 22604

**FEI Number: 54-0606187**

**Certificate of Status Desired: No**

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

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 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 CP  
Name SMITH, GERALD F JR.  
Address 151 VAL PRO DRIVE  
City-State-Zip: WINCHESTER VA 22604

Title VCP  
Name SMITH, MICHAEL A  
Address 151 VAL PRO DRIVE  
City-State-Zip: WINCHESTER VA 22604

Title DIRECTOR  
Name EPSTEIN, GLENN  
Address 151 VAL PRO DRIVE  
City-State-Zip: WINCHESTER VA 22604

Title VPST  
Name HYLTON, WILLIAM STUART  
Address 151 VAL PRO DRIVE  
City-State-Zip: WINCHESTER VA 22604

Title D  
Name LINK, J. CHARLES  
Address 151 VAL PRO DRIVE  
City-State-Zip: WINCHESTER VA 22604

*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: WILLIAM STUART HYLTON**

**TREASURER**

**03/16/2021**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date