2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 16, 2007
Secretary of State

DOCUMENT# F00000007202

Entity Name: KUHN FARM MACHINERY INC.

Current Principal Place of Business:

5390 EAST SENECA STREET
P O BOX 840
VERNON, NY 13476

New Principal Place of Business:

5390 EAST SENECA STREET
VERNON, NY 13476

Current Mailing Address:

5390 EAST SENECA STREET
P O BOX 840
VERNON, NY 13476

New Mailing Address:

FEI Number: 16-1075665 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 323012525 US

Name and Address of New Registered Agent:

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

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: CD ( ) Delete
Name: SIEBERT, MICHEL
Address: 5390 EAST SENECA
City-St-Zip: VERNON, NY 13476

Title: TD ( ) Delete
Name: SCHNEIDER, DOMINIQUE
Address: 5390 EAST SENECA ST
City-St-Zip: VERNON, NY 13476

Title: VAS ( ) Delete
Name: KRIER, THIERRY
Address: 5390 EAST SENECA STREET
City-St-Zip: NEW YORK, NY 134760840

Title: VD ( ) Delete
Name: COLLIN, JEAN-LUC
Address: 5390 EAST SENECA ST
City-St-Zip: VERNON, NY 13476

Title: VD ( ) Delete
Name: HIRONIMUS, JEANNOT
Address: 5390 EAST SENECA ST
City-St-Zip: VERNON, NY 13476

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: GEORGE L. MILLER III CONT 01/16/2007

Electronic Signature of Signing Officer or Director — Date