
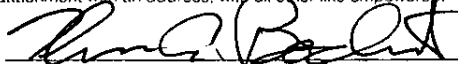


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2008 8:00 am
Secretary of State

04-28-2008 90408 050 ***150.00

DOCUMENT # F01000003685 1. Entity Name WELCH FOODS INC., A COOPERATIVE					
Principal Place of Business 3 CONCORD FARMS 575 VIRGINIA ROAD CONCORD, MA 01742			Mailing Address 3 CONCORD FARMS 575 VIRGINIA ROAD CONCORD, MA 01742		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 16-0998906	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
8. 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V HART, DAMON 3 CONCORD FARMS, 575 VIRGINIA RD. CONCORD, MA 01742 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PCEO LUKIEWSKI, DAVID J 3 CONCORD FARMS; 575 VIRGINIA RD CONCORD, MA 01742 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VT WRIGHT, ALBERT B III 3 CONCORD FARMS; 575 VIRGINIA RD CONCORD, MA 01742 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	VCEO Michael Perda 3 Concord Farms, 575 Virginia Rd Concord MA 01742 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V FLYNN, LISA 3 CONCORD FARMS, 575 VIRGINIA RD. CONCORD, MA 01742 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VS TSENG, VIVIAN S. Y. 3 CONCORD FARMS; 575 VIRGINIA RD CONCORD, MA 01742 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D BOCKHART, THOMAS 3 CONCORD FARMS; 575 VIRGINIA ROAD CONCORD, MA 01742 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with or other like empowered.					
SIGNATURE: 		Thomas Bockhart		4-18-08 978-371-3788	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #	

40087651



04182008 Chg-P CR2E034 (12/06)

4. FEI Number
16-0998906

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

**V
HART, DAMON
3 CONCORD FARMS, 575 VIRGINIA RD.
CONCORD, MA 01742**

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

**PCEO
LUKIEWSKI, DAVID J
3 CONCORD FARMS; 575 VIRGINIA RD
CONCORD, MA 01742**

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

**VT
WRIGHT, ALBERT B III
3 CONCORD FARMS; 575 VIRGINIA RD
CONCORD, MA 01742**

☒ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

**V
FLYNN, LISA
3 CONCORD FARMS, 575 VIRGINIA RD.
CONCORD, MA 01742**

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

**VS
TSENG, VIVIAN S. Y.
3 CONCORD FARMS; 575 VIRGINIA RD
CONCORD, MA 01742**

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

**D
BOCKHART, THOMAS
3 CONCORD FARMS; 575 VIRGINIA ROAD
CONCORD, MA 01742**

☐ Delete

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

☐ Change ☐ Addition

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SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #