2005 FOR PROFIT CORPORATION

	KEI	MOIA	EMENI						, `	
DOCUMENT # F0300006478 1. Entity Name MUSHROOM SUBSTRATE TECHNOLOGIES, INC.							05	FIL OCT 20	PH 8:	: In
Principal Place of Business 649 W. SOUTH STREET KENNETT SQUARE, PA 19348			Mailing Address 649 W. SOUTH STREET KENNETT SQUARE, PA 19348			W.	SECR TALLA	ETAK. HASSER	, FLOR	JĒ IŠA
2. Principal Place of Business 3			3. Mailing Address							
Suite, Apt. #, etc.			Suite, Apt. #, etc.			1982005	STAT	CRZEC	98 (6104)	2005
City & State			City & State			4. FEI Number 23-288	er .		ТАр	pplied For it Applicable
Zip - Country			Zip	try	5. Certificate	of Status Desired		8.75 Add	ditional	
6. Name and Address of Current Registered Agent						7. Name and	Address of New I	legistered A	gent	
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324					Street Address (P.O. Box Number is Not Acceptable)					
					City	77 Tunu 222 TAT Tunu 222 2274.		FL	Zip Code	B
	named entity submits this tions of registered agent.	statement for th	e purpose of changing its	register	ed office or register	red agent, or bot	th, in the State of F	orida. Lam f	amiliar with,	and accept
SIGNATURE.	Signature, typed or printed name of	regretered agent and	title if applicable. (NOT	E: Register	ed Agent signature requi	red when reinstating)		DATE		
	LE NOW!!! FEE 15 \$150 nuary 1, 2006, Fee will						In accordance corporation did			
10.	OFF	ICERS AND DI	RECTORS	11.		ADDITIONS/	CHANGES TO OF	ICERS AND	DIRECTOR!	S IN 11
TITLE	PD		☐ Delete	TITL	E				☐ Change	Addition
NAME Street adoress	PIA, MICHAEL L NAM				EET ADDRESS	80	1 00608 10501042	:2QS	88	
CITY-ST-ZIP	KENNETT SQUARE, I	PA 19348		CITY	-ST-ZIP	107707	'U5U1U42	010	**150.	00
TITLE	STD		Delete	TITL	E				Change	Addition
NAME	PIA, JOHN J			NAM	ie }					
STREET ADORESS CITY-ST-ZIP	3 3				ET ADDRESS -ST-ZIP					
TITLE]		C. Detete	TITE					☐ Change	Addition
NAME STREET ADDRESS CITY-ST-ZIP	3 				E EET ADORESS -ST-ZIP					
TITLE			☐ Delete	TitL	E				Change	Addition
NAME STREET ADDRESS CITY-ST-DP					EET ADDRESS -ST-ZIP				-	
TITLE			Oelete	TITL NAM	E				Change	Addition
STREET ADDRESS CITY-ST-ZIP				STRI	ET ADDRESS -ST-ZIP					
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete						Change	Addition
12. I hereby indicated of the cor	certify that the information s on this report or suppleme rporation or the receiver or , or on an attachment with a	ental report is tru trustee empowe	ue and accurate and that ered to execute this report	or the exe my signa t as requi	mption stated in Seture shall have the	same legal effect	ct as if made under	oath; that I a	m an officer	or director
SIGNAT	TURE:	AND TYPED OR PRIN	TTED NAME OF SIGNING OFFICER		PJA		10/12/05 Date	6/	1 444 aytrne Phone #	4800