## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# F06000000882

Entity Name: THE YOFARM COMPANY

FILED Jan 04, 2008 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 162 SPRING STREET NAUGATUCK, CT 06770 **Current Mailing Address: New Mailing Address:** 162 SPRING STREET NAUGATUCK, CT 06770 FEI Number: 06-1474655 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 323012525 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 Election Campaign Financing Trust Fund Contribution ( ). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: DCFO ( ) Delete Title: DCFO (X) Change ( ) Addition Name: MARCY, CHARLES Name: MARCY, CHARLES F 10955 WESTMOOR DR. SUITE 400 6309 MONARCH PARK PLACE, SUITE 201 Address: Address: LONGMONT, CO 80503 City-St-Zip: WESTMINSTER, CO 80021 City-St-Zip: Title: Title: ( ) Delete (X) Change ( ) Addition Name: TAUB, ANDREW Name: TAUB, ANDREW C 599 W. PUTNAM AVE. SUITE 200 599 W. PUTNAM AVE. SUITE 200 Address: Address: GREENWICH, CT 06830 GREENWICH, CT 06830 City-St-Zip: City-St-Zip: Title: ( ) Delete Title: () Change () Addition DAHNKE, SCOTT5 Name: Name: 599 W. PUTNAM AVE. SUITE 200 Address: Address: GREENWICH, CT 06830 City-St-Zip: City-St-Zip: Title: VPM ( ) Delete Title: VPM (X) Change ( ) Addition LECHNER, ALFRED F LECHNER, ALFRED Name: Name: Address: 162 SPRING ST. Address: 162 SPRING ST. City-St-Zip: NAUGATUCK, CT 06770 City-St-Zip: NAUGATUCK, CT 06770 Title: Title: (X) Change ( ) Addition ( ) Delete SILVER, GARY Name: SILVER, GARY D Name: 162 SPRING ST. 162 SPRING ST. Address: Address: NAUGATUCK, CT 06770 City-St-Zip: City-St-Zip: NAUGATUCK, CT 06770

I hereby certify that the information supplied with this filing does not qualify 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: GARY D. SILVER VPF 01/04/2008