FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB 14 PM 2:10

DOCUMENT # F93000002789 (6)

1. Corporation Name
WILLAMETTE VALLEY VINEYARDS, INC.

Principal Place of Business	Mailing Address
8800 ENCHANTED WAY. SE TURNER OR 97392	8800 ENCHANTED WAY. SE TURNER OR 97392

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 06/09/1993
3a. Date of Last Report: 01/25/1994

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

4. FEI Number: 93-0981021 ☐ Applied For ☐ Not Applicable

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

6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
PEARCE, THOMAS S 504 S. ALBANY AVE., #D TAMPA FL 33606	81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when name/status) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DCP	11 TITLE	☐ Change ☐ Addition
NAME	BERNAU, JAMES W	12 NAME	
STREET ADDRESS	8800 ENCHANTED WAY, SE	13 STREET ADDRESS	
CITY-ST-ZIP	TURNER OR 97392	14 CITY-ST-ZIP	
TITLE	DVC	21 TITLE	☐ Change ☐ Addition
NAME	VOORHIES, DONALD	22 NAME	
STREET ADDRESS	7934 SKYLINE ROAD SOUTH	23 STREET ADDRESS	
CITY-ST-ZIP	SALEM OR 97306	24 CITY-ST-ZIP	
TITLE	D	31 TITLE	☐ Change ☐ Addition
NAME	ELLIS, JAMES L	32 NAME	
STREET ADDRESS	7850 SE KING ROAD	33 STREET ADDRESS	
CITY-ST-ZIP	MILWAUKIE OR 97222	34 CITY-ST-ZIP	
TITLE	D	41 TITLE	☐ Change ☐ Addition
NAME	COTTINGHAM, BILLIE M	42 NAME	
STREET ADDRESS	4760 SW DOGWOOD	43 STREET ADDRESS	
CITY-ST-ZIP	LAKE OSWEGO OR 97055	44 CITY-ST-ZIP	
TITLE	D	51 TITLE	☐ Change ☐ Addition
NAME	SMITH, DANIEL S	52 NAME	
STREET ADDRESS	26978 BRIGG HILL RD.	53 STREET ADDRESS	
CITY-ST-ZIP	EUGENE OR 97405	54 CITY-ST-ZIP	
TITLE	D	61 TITLE	☐ Change ☐ Addition
NAME	O'BRIAN, BETTY	62 NAME	
STREET ADDRESS	22500 INGRAM LANE	63 STREET ADDRESS	
CITY-ST-ZIP	SALEM OR 97304	64 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: James W. Bernau James W BERNAU 1/9/95 (503) 588-9463
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Date — Daytime Phone