FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

*PROFIT CORPORATION ANNUAL REPORT
1996

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

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

3. Date Incorporated or Qualified: 06/09/1993
3a. Date of Last Report: 02/14/1995

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip 24 Country 25

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
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

PEARCE, THOMAS S
504 S. ALBANY AVE., #D
TAMPA FL 33606

10. Name and Address of New Registered Agent

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 ______ Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	DCP	☐ DELETE
NAME	BERNAU, JAMES W	
STREET ADDRESS	8800 ENCHANTED WAY, SE	
CITY-ST-ZIP	TURNER OR 97392	
TITLE	DVC	☐ DELETE
NAME	VOORHIES, DONALD	
STREET ADDRESS	~~7934 SKYLINE ROAD SOUTH~~ 1715 Wickshire ct	
CITY-ST-ZIP	SALEM OR ~~97306~~ 97302	
TITLE	D	☐ DELETE
NAME	ELLIS, JAMES L	
STREET ADDRESS	7850 SE KING ROAD	
CITY-ST-ZIP	MILWAUKIE OR 97222	
TITLE	D	☐ DELETE
NAME	COTTINGHAM, BILLIE M	
STREET ADDRESS	4760 SW DOGWOOD	
CITY-ST-ZIP	LAKE OSWEGO OR 97055	
TITLE	D	☐ DELETE
NAME	SMITH, DANIEL S	
STREET ADDRESS	26978 BRIGG HILL RD.	
CITY-ST-ZIP	EUGENE OR 97405	
TITLE	D	☐ DELETE
NAME	O'BRIAN, BETTY	
STREET ADDRESS	22500 INGRAM LANE	
CITY-ST-ZIP	SALEM OR 97304	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1 1 TITLE	D	☐ Change ☑ Addition
1 2 NAME	STAN TUREL	
1 3 STREET ADDRESS	13909 SE Stark	
1 4 CITY-ST-ZIP	Portland, Or. 97233	
2 1 TITLE	D	☐ Change ☑ Addition
2 2 NAME	DELNA JONES	
2 3 STREET ADDRESS	PO Box 5969	
2 4 CITY-ST-ZIP	Aloha, Or. 97006	
3 1 TITLE	D	☐ Change ☒ Addition
3 2 NAME	Bick Bickert	
3 3 STREET ADDRESS	3523 Burning Tree Dr. So.	
3 4 CITY-ST-ZIP	Salem, Or. 97302	
4 1 TITLE		☐ Change ☐ Addition
4 2 NAME		
4 3 STREET ADDRESS		
4 4 CITY-ST-ZIP		
5 1 TITLE		☐ Change ☐ Addition
5 2 NAME		
5 3 STREET ADDRESS		
5 4 CITY-ST-ZIP		
6 1 TITLE		☐ Change ☐ Addition
6 2 NAME		
6 3 STREET ADDRESS		
6 4 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)(k), 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: John G. Moore 1/18/95
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Daytime Phone #

CR2E034 (12/95)