

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F94000000445

FILED
May 01, 2008
Secretary of State

Entity Name: SENECA FOODS CORPORATION

Current Principal Place of Business:

3736 SOUTH MAIN STREET
MARION, NY 14505

New Principal Place of Business:

Current Mailing Address:

3736 SOUTH MAIN STREET
MARION, NY 14505

New Mailing Address:

FEI Number: 16-0733425

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MORTENSEN, SARAH S
1605 MAIN ST.
SUITE 1010
SARASOTA, FL 34236 US

Name and Address of New Registered Agent:

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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: C () Delete
Name: WOLCOTT, A S
Address: 1690 HARBORSOUND DRIVE
City-St-Zip: LONG BOAT KEY, FL 34228

Title: P () Delete
Name: KAYSER, K H
Address: 50 GEORGIAN COURT
City-St-Zip: ROCHESTER, NY 14610

Title: CFO () Delete
Name: BROUNIG, R.E.
Address: 418 EAST CONDE STREET
City-St-Zip: JANESVILLE, WI 53546

Title: CSAT () Delete
Name: VAN RIPER, J L
Address: 76 GANNETT ROAD
City-St-Zip: FARMINGTON, NY 14425

Title: AS () Delete
Name: MORTENSEN, S S
Address: 1605 MAIN STREET, SUITE 1010
City-St-Zip: SARASOTA, FL 34236

Title: D () Delete
Name: BRADY, R T
Address: # MOOGM INC.
City-St-Zip: EAST AURORA, NY 14052

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: CFO (X) Change () Addition
Name: BREUNIG, R E
Address: 418 EAST CONDE STREET
City-St-Zip: JANESVILLE, WI 53546

Title: CSAT (X) Change () Addition
Name: VAN RIPER, J L
Address: 3736 SOUTH MAIN ST
City-St-Zip: MARION, NY 14505

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: J VANRIPER

CSAT

05/01/2008

Electronic Signature of Signing Officer or Director

Date