5-9-97 - B - G 786 - C

FILE NOW: FILING FEE AFTER MAY 1 IS $550.00 0748

FILED
May 09 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT

1997

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

DOCUMENT # **F94000000826 (7)**

1. Corporation Name
CORNELL TRADING INC.

Principal Place of Business	Mailing Address
237 NORTH AVE. BURLINGTON VT 05401	237 NORTH AVE. BURLINGTON VT 05401-2915

3. Date Incorporated or Qualified: 02/18/1994
3a. Date of Last Report: 04/23/1996

4. FEI Number: 13-3091602 ☐ 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

2. Principal Place of Business	2a. Mailing Address
21 14 Hurricane Lane	26 P.O. Box 170
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23 Williston VT	City & State 28 Williston VT
Zip 24 05495 Country 25 USA	Zip 29 05495 Country 30 USA

9. Name and Address of Current Registered Agent

VALZ, JOSEPH
% PROFESSIONAL FINANCIAL SERVICES
5003 BRITTANY DR., SOUTH, SUITE 3
ST. PETERSBURG FL 33715

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

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	☐ DELETE	1.1 TITLE	PD	☒ Change ☐ Addition
NAME	CORNELL, CHRIS		1.2 NAME	Cornell, Chris	
STREET ADDRESS	237 NORTH AVE.		1.3 STREET ADDRESS	14 Hurricane Lane	
CITY-ST-ZIP	BURLINGTON VT 05401		1.4 CITY-ST-ZIP	Williston, VT 05495	
TITLE	ST	☐ DELETE	2.1 TITLE	ST	☒ Change ☐ Addition
NAME	VALZ, VERONICA		2.2 NAME	Valz, Veronica	
STREET ADDRESS	237 NORTH AVE.		2.3 STREET ADDRESS	14 Hurricane Lane	
CITY-ST-ZIP	BURLINGTON VT 05401		2.4 CITY-ST-ZIP	Williston, VT 05495	
TITLE	D	☐ DELETE	3.1 TITLE	D	☒ Change ☐ Addition
NAME	CORNELL, APRIL		3.2 NAME	Cornell, April	
STREET ADDRESS	237 NORTH AVE.		3.3 STREET ADDRESS	14 Hurricane Lane	
CITY-ST-ZIP	BURLINGTON VT 05401		3.4 CITY-ST-ZIP	Williston, VT 05495	
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E034 (9/96)

14. I do hereby certify that the information supplied with this filing 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: [signature] Chris Cornell 4/28/97 802-879-5400