

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F94000000826

Entity Name: CORNELL TRADING, INC.

FILED
Jan 07, 2004
Secretary of State

Current Principal Place of Business:

458 HURRICANE LN
WILLISTON, VT 054951710 US

New Principal Place of Business:

458 HURRICANE LANE
WILLISTON, VT 054951710 US

Current Mailing Address:

P.O BOX 1710
WILLISTON, VT 05495 US

New Mailing Address:

FEI Number: 13-3091602 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

NRAI SERVICES, INC.
526 E. PARK AVE.
TALLAHASSEE, FL 32301 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: CORNELL, CHRIS
Address: 458 HURRICANE LN
City-St-Zip: WILLISTON, VT 05495

Title: ST () Delete
Name: TORELLI, KAREN
Address: 458 HURRICANE LN
City-St-Zip: WILLISTON, VT 05495

Title: D () Delete
Name: CORNELL, APRIL
Address: 458 HURRICANE LN
City-St-Zip: WILLISTON, VT 05495

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: CORNELL, CHRIS
Address: 458 HURRICANE LANE
City-St-Zip: WILLISTON, VT 05495

Title: ST (X) Change () Addition
Name: TORELLI, KAREN
Address: 458 HURRICANE LANE
City-St-Zip: WILLISTON, VT 05495

Title: D (X) Change () Addition
Name: CORNELL, APRIL
Address: 458 HURRICANE LANE
City-St-Zip: WILLISTON, VT 05495

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: KAREN TORELLI

ST

01/07/2004

Electronic Signature of Signing Officer or Director

Date