


FILED
Sep 22, 1999 8:00 am
Secretary of State

09-22-1999 90013 004 ***550.00

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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # F94000002626

1. Corporation Name
ARPIN DAIRY, INC.



Principal Place of Business
**999 MAIN ST
SUITE 1300
BOISE ID 83707**

Mailing Address
**999 MAIN ST
SUITE 1300
BOISE ID 83707**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
05/19/1994

4. FEI Number
39-1080029

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 owes the current year Intangible Personal Property. ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

14220

30

U.S.A.

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**CT CORPORATION SYSTEM
1200 S. PINE ISLAND RD
PLANTATION FL 33324**

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☒ DELETE
NAME **PD BRINKERHOF, LEIGH W**
STREET ADDRESS **999 MAIN ST**
CITY-ST-ZIP **BOISE ID 83702**

1.1 TITLE ☐ Change ☒ Addition
1.2 NAME **P BENSABAT, PAUL**
1.3 STREET ADDRESS **2375 SOUTH PARK AVENUE**
1.4 CITY-ST-ZIP **BUFFALO, NY 14220**

TITLE ☒ DELETE
NAME **SD GRAVES, RONALD N**
STREET ADDRESS **999 MAIN ST, SUITE 1300**
CITY-ST-ZIP **BOISE ID**

2.1 TITLE ☐ Change ☒ Addition
2.2 NAME **ANDOLINA, JOHN**
2.3 STREET ADDRESS **2375 SOUTH PARK AVENUE**
2.4 CITY-ST-ZIP **BUFFALO, NY 14220**

TITLE ☒ DELETE
NAME **T CRAWFORD, JAMES D**
STREET ADDRESS **999 MAIN ST, SUITE 1300**
CITY-ST-ZIP **BOISE ID**

3.1 TITLE ☐ Change ☒ Addition
3.2 NAME **V WOEPPEL, ROBERT J.**
3.3 STREET ADDRESS **2375 SOUTH PARK AVENUE**
3.4 CITY-ST-ZIP **BUFFALO, NY 14220**

TITLE ☒ DELETE
NAME **VPD BEEBE, STEPHEN A**
STREET ADDRESS **999 MAIN ST, SUITE 1300**
CITY-ST-ZIP **BOISE ID**

4.1 TITLE ☐ Change ☒ Addition
4.2 NAME **V HYLKEMA, CHARLES B.**
4.3 STREET ADDRESS **2375 SOUTH PARK AVENUE**
4.4 CITY-ST-ZIP **BUFFALO, NY 14220**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I 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: **Charles B. Hylkema** **CHARLES B. HYLKEMA** 9/15/99 (716)823-6262

CR2E034 (5/99)