

**FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00**

**FILED**  
**Jan 27 1998 8:00am**  
**Secretary of State**

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # F94000004677 (0)**  
 1. Corporation Name  
**WINDING BROOK CORPORATION**



Principal Place of Business C/O AGRIVEST 500 WINDING BROOK DR. GLASTONBURY CT 06033 US	Mailing Address C/O AGRIVEST 500 WINDING BROOK DR. GLASTONBURY CT 06033 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 C/O Agri Vest, LLC Suite, Apt. #, etc. 22 224 Trumbull St., AR4P City & State 23 Hartford CT Zip Country 24 06103 25 USA	2a. Mailing Address 26 C/O Agri Vest, LLC Suite, Apt. #, etc. 27 224 Trumbull St., AR4P City & State 28 Hartford CT Zip Country 29 06103 30 USA
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3. Date Incorporated or Qualified 09/09/1994	4. FEI Number 06-1301818	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No		

9. Name and Address of Current Registered Agent  
**C T CORPORATION SYSTEM**  
**1200 S. PINE ISLAND RD.**  
**PLANTATION FL 33324**

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL

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 fee if applicable (NOTE: Registered Agent's signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	PTD	<input type="checkbox"/> DELETE
NAME	MCCANDLESS, JAMES B	
STREET ADDRESS	500 WINDING BROOK DR.	
CITY-ST-ZIP	GLASTONBURY CT 06033	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	SCHWAB, GEORGE E	
STREET ADDRESS	24123 BOERNE STAGE RD.	
CITY-ST-ZIP	SAN ANTONIO TX 78255	
TITLE	S	<input checked="" type="checkbox"/> DELETE
NAME	PITCHFORD, MARILYN	
STREET ADDRESS	552 JERUSALEM RD.	
CITY-ST-ZIP	COHASSET MA	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	242 Trumbull St., AR4P
1.4 CITY-ST-ZIP	Hartford, CT 06103
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	S
3.3 STREET ADDRESS	Rose Marie Beaulieu
3.4 CITY-ST-ZIP	242 Trumbull St., AR4P Hartford, CT 06103
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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: *James B McCandless* (Printed) 1-27-98 06A-275-21-00

CR2E034 (10/97)