


**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 25, 2007 08:00 AM
Secretary of State

DOCUMENT # F94000004677 1. Entity Name WINDING BROOK CORPORATION	
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Principal Place of Business C/O UBS AGRIVEST LLC 242 TRUMBULL HARTFORD, CT 06103-1212	Mailing Address C/O UBS AGRIVEST LLC 242 TRUMBULL HARTFORD, CT 06103-1212
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01182007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

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. Name and Address of Current Registered Agent

**C T CORPORATION SYSTEM
1200 S. PINE ISLAND RD.
PLANTATION, FL 33324**

**DO NOT WRITE
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.


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

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	000000603929 01/29/07-80028-018 150.00
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD MCCANDLESS, JAMES B % UBS AGRIVEST, 242 TRUMBULL ST. HARTFORD, CT 061031212
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD SCHWAB, GEORGE E % UBS AGRIVEST, 2543 HWY 473 KENDALIA, TX 78027
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S BEAULIEU, ROSE M % UBS AGRIVEST, 242 TRUMBULL ST. HARTFORD, CT 061031212
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WEBB, BRIAN R C/O UBS REALTY 12001 N. CENTRAL EXPRESS WY DALLAS, TX 75243
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:  **James B. McCandless**
President **1-18-07** **860-616-9200**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #