

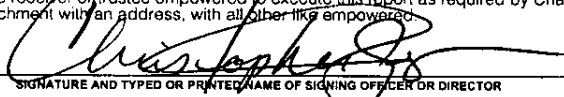


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 14, 2008 8:00 am
Secretary of State

03-14-2008 90029 033 ***150.00

DOCUMENT # F94000004677					
1. Entity Name WINDING BROOK CORPORATION					
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		
2. Principal Place of Business - No P.O. Box # PRUDENTIAL Suite, Apt. #, etc. STE 801 WARRENVILLE RD. 150		3. Mailing Address PRUDENTIAL Suite, Apt. #, etc. STE 801 WARRENVILLE RD. 150			
City & State Lisle IL		City & State Lisle IL		4. FEI Number 06-1301818	
Zip 60532		Country USA		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			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE PTD NAME MCCANDLESS, JAMES B STREET ADDRESS % UBS AGRIVEST, 242 TRUMBULL ST. CITY-ST-ZIP HARTFORD, CT 061031212	<input checked="" type="checkbox"/> Delete		TITLE PRESIDENT/DIRECTOR NAME CHARLES ALLISON STREET ADDRESS 201 ORANGE AVE STE 795 CITY-ST-ZIP ORLANDO, FL 32801	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE VD NAME SCHWAB, GEORGE E STREET ADDRESS % UBS AGRIVEST, 2543 HWY 473 CITY-ST-ZIP KENDALIA, TX 78027	<input checked="" type="checkbox"/> Delete		TITLE VICE PRESIDENT/DIRECTOR NAME DUANE H. TUCKER STREET ADDRESS 4 GATEWAY CENTER CITY-ST-ZIP NEWARK, NJ 07102	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE S NAME BEAULIEU, ROSE M STREET ADDRESS % UBS AGRIVEST, 242 TRUMBULL ST. CITY-ST-ZIP HARTFORD, CT 061031212	<input checked="" type="checkbox"/> Delete		TITLE SECRETARY/TREASURER NAME CHRISTOPHER G. JAY STREET ADDRESS 801 WARRENVILLE RD STE 150 CITY-ST-ZIP Lisle, IL 60532	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE D NAME WEBB, BRIAN R STREET ADDRESS C/O UBS REALTY 12001 N. CENTRAL EXPRESS WY CITY-ST-ZIP DALLAS, TX 75243	<input checked="" type="checkbox"/> Delete		TITLE DIRECTOR NAME DAVID A. TWARDOCK STREET ADDRESS 4 GATEWAY CENTER CITY-ST-ZIP NEWARK, NJ 07102	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE VICE PRESIDENT NAME RODERICK ROBERTSON STREET ADDRESS 801 WARRENVILLE RD STE 150 CITY-ST-ZIP Lisle, IL 60532	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: 			3-7-08 (630)8294687		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		