

521-97 B- 1631 -C
FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED
May 21 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # F95000000417 (4)

1. Corporation Name
AGWAY CONSUMER PRODUCTS, INC.

Principal Place of Business 333 BUTTERNUT DR. DEWITT NY 13214	Mailing Address PO BOX 4933 TAX DEPT. SYRACUSE NY 13221-4933
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country		3. Date Incorporated or Qualified 01/24/1995		3a. Date of Last Report 04/24/1996	
21		26		4. FEI Number 51-0000522 16-1391457		Applied For Not Applicable	
22		27		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
23		28		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24		29		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <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 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City 85 Zip Code 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CARDARELLI, DONALD P	1.2 NAME	
STREET ADDRESS	6436 TERESE TERRACE	1.3 STREET ADDRESS	
CITY - ST - ZIP	JAMESVILLE NY 13078	1.4 CITY - ST - ZIP	
TITLE	VP <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BERKEY, ROBERT E	2.2 NAME	
STREET ADDRESS	8256 SUGARLAND DR.	2.3 STREET ADDRESS	
CITY - ST - ZIP	MANLIUS NY 13104	2.4 CITY - ST - ZIP	
TITLE	P <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCHALK, DONALD F	3.2 NAME	
STREET ADDRESS	4886 CANDY LN.	3.3 STREET ADDRESS	
CITY - ST - ZIP	MANLIUS NY 13104	3.4 CITY - ST - ZIP	
TITLE	VP <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BURNETT, MICHELLE M	4.2 NAME	
STREET ADDRESS	101 ROYCROFT RD.	4.3 STREET ADDRESS	
CITY - ST - ZIP	DEWITT NY 13214	4.4 CITY - ST - ZIP	
TITLE	S <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WOOLARD, BARBARA S	5.2 NAME	
STREET ADDRESS	507 HAMILTON PARKWAY	5.3 STREET ADDRESS	
CITY - ST - ZIP	DEWITT NY 13214	5.4 CITY - ST - ZIP	
TITLE	VPTD <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	O'NEILL, PETER J	6.2 NAME	
STREET ADDRESS	4884 FIRETHORN CIR.	6.3 STREET ADDRESS	
CITY - ST - ZIP	MANLIUS NY 13104	6.4 CITY - ST - ZIP	

14. I do 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:  5/9/97 315-444-7437
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)