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Secretary of State

03-01-1999 90058 013 ***150.00

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| PROFIT CORPORATION ANNUAL REPORT 1999 |  | FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS |
|--|---|---|

DOCUMENT # F95000000417

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**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

01/24/1995

4. FEI Number

16-1391957

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 Tax. ☐ Yes ☒ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

30 Country

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

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 ☐ DELETE

TITLE D
NAME CARDARELLI, DONALD P
STREET ADDRESS 6436 TERESE TERRACE
CITY-ST-ZIP JAMESVILLE NY 13078

TITLE VP
NAME BERKEY, ROBERT E
STREET ADDRESS 8256 SUGARLAND DR.
CITY-ST-ZIP MANLIUS NY 13104

TITLE P
NAME SCHALK, DONALD F
STREET ADDRESS 4866 CANDY LN.
CITY-ST-ZIP MANLIUS NY 13104

TITLE VP
NAME BURNETT, MICHELLE M
STREET ADDRESS 101 ROYCROFT RD.
CITY-ST-ZIP DEWITT NY 13214

TITLE S
NAME DONNA FLETT
STREET ADDRESS 8 ORANGE TREE LN.
CITY-ST-ZIP LIVERPOOL NY 13080

TITLE VPTD
NAME O'NEILL, PETER J
STREET ADDRESS 4884 FIRETHORN CIR.
CITY-ST-ZIP MANLIUS NY 13104

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 ☐ Change ☒ Addition

1.1 TITLE SECRETARY
1.2 NAME CHRISTINE M. STILWELL
1.3 STREET ADDRESS 372 SUMMERHAVEN DR N
1.4 CITY-ST-ZIP EAST SYRACUSE, NY 13057

2.1 TITLE President
2.2 NAME MARK D. GOODMAN
2.3 STREET ADDRESS 6810 HOLLISTON CIRCLE
2.4 CITY-ST-ZIP FAYETTEVILLE, NY 13066

3.1 TITLE Treasurer
3.2 NAME KAREN A. JOHNSON
3.3 STREET ADDRESS 4647 RELIANT RD
3.4 CITY-ST-ZIP JAMESVILLE, NY 13078

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

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

6.1 TITLE
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, with all other like empowered.

SIGNATURE:


SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/1/99

Date

315-449-7437

Daytime Phone #

CR2E034 (11/98)