

2000 UNIFORM BUSINESS REPORT (UBR)**FILED****Jan 19, 2000 8:00 am**
Secretary of State

01-19-2000 90181 017 ***150.00

DOCUMENT # F950000004171. Entity Name
AGWAY CONSUMER PRODUCTS, INC.

Principal Place of Business

Mailing Address

**333 BUTTERNUT DR.
DEWITT NY 13214****PO BOX 4933 TAX DEPT.
SYRACUSE NY 13221-4933**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number **16-1391957**Applied For
Not Applicable5. Certificate of Status Desired ☐**\$8.75** Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐**FILE NOW!!! FEE IS \$150.00**
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State10. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00** May Be
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input type="checkbox"/> Delete
NAME	CARDARELLI, DONALD P	
STREET ADDRESS	6436 TERESE TERRACE	
CITY-ST-ZIP	JAMESVILLE NY 13078	
TITLE	S	<input type="checkbox"/> Delete
NAME	STILWELL, CHRISTINE M	
STREET ADDRESS	372 SUMMERHAVEN DR N	
CITY-ST-ZIP	EAST SYRACUSE NY 13057	
TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	GOODMAN, MARK D	
STREET ADDRESS	6810 HOLLISTON CIRCLE	
CITY-ST-ZIP	FAYETTEVILLE FL 13066	
TITLE	VP	<input checked="" type="checkbox"/> Delete
NAME	BURNETT, MICHELLE M	
STREET ADDRESS	101 ROYCROFT RD.	
CITY-ST-ZIP	DEWITT NY 13214	
TITLE	T	<input type="checkbox"/> Delete
NAME	JOHNSON, KAREN A	
STREET ADDRESS	4647 RELIANT RD	
CITY-ST-ZIP	JAMESVILLE NY 13078	
TITLE	VPTD	<input type="checkbox"/> Delete
NAME	O'NEILL, PETER J	
STREET ADDRESS	4884 FIRETHORN CIR.	
CITY-ST-ZIP	MANLIUS NY 13104	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	PRESIDENT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DENNIS W. J. LAHOOD	
STREET ADDRESS	5065 Highbridge Lane	
CITY-ST-ZIP	FAYETTEVILLE NY 13066	
TITLE	ASST TREASURER	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MARTIN P. FRANKENFELD	
STREET ADDRESS	3323 MISTY COVE CIRCLE	
CITY-ST-ZIP	BALDWINVILLE, NY 13027	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KAREN J. Ohliger	NAME ONLY
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. 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 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 11 or Block 12 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**MARTIN P. FRANKENFELD ASST. TREAS**
1/19/00

Date

Daytime Phone #

CR2E034 (9/99)