

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

PROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F96000002904 (8)

1. Corporation Name

CASCADIAN FARM, INCORPORATED

Principal Place of Business

719 METCALF ST.
SEDRO-WOOLLEY WA 98284

Mailing Address

719 METCALF ST.
SEDRO-WOOLLEY WA 98284

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/10/1996

3a. Date of Last Report

4. FEI Number

91-1404046

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 or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☒ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

2a. Mailing Address

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

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9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

300002257999--0

83

08/05/97--01051--017

84 City

****165.00 ****165.00

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

TITLE CPT ☐ DELETE
NAME KAHN, EUGENE B
STREET ADDRESS 719 METCALF ST.
CITY-ST-ZIP SEDRO-WOOLLEY WA 98284

TITLE DV ☐ DELETE
NAME SOLOMON, JAY H
STREET ADDRESS 719 METCALF ST.
CITY-ST-ZIP SEDRO-WOOLLEY WA 98284

TITLE D ☐ DELETE
NAME DILLON, DANIEL P
STREET ADDRESS 719 METCALF ST.
CITY-ST-ZIP SEDRO-WOOLLEY WA 98284

TITLE DS ☒ DELETE
NAME CALLAHAN, THOMAS E
STREET ADDRESS 719 METCALF ST.
CITY-ST-ZIP SEDRO-WOOLLEY WA 98284

TITLE D ☒ DELETE
NAME WILLIAMS, MARION P
STREET ADDRESS 719 METCALF ST.
CITY-ST-ZIP SEDRO-WOOLLEY WA 98284

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE C P ☒ Change ☐ Addition
1.2 NAME KAHN, EUGENE B.
1.3 STREET ADDRESS 719 METCALF ST.
1.4 CITY-ST-ZIP SEDRO-WOOLLEY, WA 98284

2.1 TITLE VT ☒ Change ☐ Addition
2.2 NAME SOLOMON, JAY H.
2.3 STREET ADDRESS 201 SEA PINES LN
2.4 CITY-ST-ZIP BELLINGHAM, WA 98226

3.1 TITLE S ☐ Change ☒ Addition
3.2 NAME ROYCE, STEPHAN
3.3 STREET ADDRESS 4444 LAKESIDE DR
3.4 CITY-ST-ZIP BURBANK, CA 91505

4.1 TITLE D ☐ Change ☒ Addition
4.2 NAME MOORE, GEOFFREY
4.3 STREET ADDRESS 4444 LAKESIDE DR
4.4 CITY-ST-ZIP BURBANK, CA 91505

5.1 TITLE D ☐ Change ☒ Addition
5.2 NAME MARIANI, ANTHONY
5.3 STREET ADDRESS 3003 SUMMER ST.
5.4 CITY-ST-ZIP STAMFORD, CT 06904-7900

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
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. 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

APPROVED
AND
FILED

97 JUL 30 AM 9:42

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



CR2E034 (4/97)