2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 27, 2009
Secretary of State

DOCUMENT# F97000005493

Entity Name: WESTWAY FEED PRODUCTS, INC.

Current Principal Place of Business:

365 CANAL ST., STE. 2900
NEW ORLEANS, LA 70130

New Principal Place of Business:

Current Mailing Address:

365 CANAL ST., STE. 2900
NEW ORLEANS, LA 70130

New Mailing Address:

FEI Number: 72-1362661 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: CP ( ) Delete
Name: HUGULEY, ARTHUR W IV
Address: 365 CANAL ST., STE. 2900
City-St-Zip: NEW ORLEANS, LA 70130

Title: CV ( ) Delete
Name: SHOEMAKER, BRIAN
Address: 365 CANAL ST., STE. 2900
City-St-Zip: NEW ORLEANS, LA 70130

Title: D ( ) Delete
Name: HARDING, PETER
Address: 365 CANAL ST STE 2900
City-St-Zip: NEW ORLEANS, LA 70130

Title: SD ( ) Delete
Name: WATTS, ANTHONY
Address: 365 CANAL ST., STE. 2900
City-St-Zip: NEW ORLEANS, LA 70130

Title: V ( ) Delete
Name: FALSHAW, IAN
Address: 365 CANAL ST., STE. 2900
City-St-Zip: NEW ORLEANS, LA 70130

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: IAN FALSHAW D 03/27/2009

Electronic Signature of Signing Officer or Director — Date