


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2004 8:00 am
Secretary of State

04-27-2004 90049 023 ***150.00

DOCUMENT # F98000000189 1. Entity Name AGWAY, INC.					
Principal Place of Business 333 BUTTERNUT DRIVE DEWITT, NY 13214			Mailing Address 333 BUTTERNUT DRIVE DEWITT, NY 13214		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State Zip Country			City & State Zip Country		
4. FEI Number 15-0277720			Applied For <input type="checkbox"/> Not Applicable		
5. Certificate of Status Desired <input type="checkbox"/>			\$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324				7. Name and Address of New Registered Agent 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VC GILBERT, ANDREW J HWY 72 POTSDAM, NY 13676	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VC VANSLYKE, GARY K 5633 GRIFFITH ROAD PORTAGEVILLE, NY 14536	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PCEO CARDARELLI, DONALD P 6436 TERESÉ TERRACE JAMESVILLE, NY 13078	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	PCEO Michael R. Hopsicker 5248 Oweria Point Drive Cazenovia, NY 13035
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VGCS FOX, CHRISTOPHER W 4 SPRING STREET CLINTON, NY 13323	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	General Counsel Louis P. DiLorenzo 64 Lyndon Rd. Fayetteville, NY 13066
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V HOEFER, STEPHEN H 5123 SHIRAZ LANE FAYETTEVILLE, NY 13066	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice President William L. Parker 4112 Rte. 91 Jamesville, NY 13078
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VTC O'NEILL, PETER J 5065 HIGHBRIDGE LANE FAYETTEVILLE, NY 13066	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Treasurer Karen J. Ohliger 5878 Invincible Drive Jamesville, NY 13078
12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <u>Karen J. Ohliger</u> <u>4/19/04</u>					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					