

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F98000000189

1. Entity Name  
AGWAY, INC.



**FILED**  
**Jan 31, 2003 8:00 am**  
**Secretary of State**

01-31-2003 90175 024 \*\*\*150.00

0061741 AB

10017424



Principal Place of Business  
333 BUTTERNUT DRIVE  
DEWITT NY 13214

Mailing Address  
333 BUTTERNUT DRIVE  
DEWITT NY 13214

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 15-0277720

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	VC	<input type="checkbox"/> Delete
NAME	GILBERT, ANDREW J	
STREET ADDRESS	HWY 72	
CITY-ST-ZIP	POTSDAM NY 13676	
TITLE	VC	<input type="checkbox"/> Delete
NAME	VANSLYKE, GARY K	
STREET ADDRESS	5633 GRIFFITH ROAD	
CITY-ST-ZIP	PORTAGEVILLE NY 14536	
TITLE	PCEO	<input type="checkbox"/> Delete
NAME	CARDARELLI, DONALD P	
STREET ADDRESS	6436 TERESE TERRACE	
CITY-ST-ZIP	JAMESVILLE NY 13078	
TITLE	VGCS	<input checked="" type="checkbox"/> Delete
NAME	FOX, CHRISTOPHER W	
STREET ADDRESS	4 SPRING STREET	
CITY-ST-ZIP	CLINTON NY 13323	
TITLE	V S	<input type="checkbox"/> Delete
NAME	HOEFER, STEPHEN H	
STREET ADDRESS	5123 SHIRAZ LANE	
CITY-ST-ZIP	FAYETTEVILLE NY 13066	
TITLE	VTC	<input type="checkbox"/> Delete
NAME	O'NEILL, PETER J	
STREET ADDRESS	5065 HIGHBRIDGE LANE	
CITY-ST-ZIP	FAYETTEVILLE NY 13066	

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	<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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MARTIN P. FRANKENFELD

Date

Daytime Phone #

1/24/03

850 7100

CR2E034 (10/02)