

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 14, 2006 8:00 am
Secretary of State

03-14-2006 90200 043 ****50.00

DOCUMENT # M05000006926

1. Entity Name
SEEDWAY, LLC



Principal Place of Business
**1734 RAILROAD PLACE
HALL, NY 14463**

Mailing Address
**1734 RAILROAD PLACE
HALL, NY 14463**

20015658



2. Principal Place of Business

3. Mailing Address

P.O. Box 250

Suite, Apt. #, etc.

Suite, Apt. #, etc.

03072006 Chg-LLC CR2E083 (11/05)

City & State

City & State
Hall NY

4. FEI Number
37-1448323

Applied For
Not Applicable

Zip

Country

Zip
14463-0250

Country
USA

5. Certificate of Status Desired ☐ **\$5.00 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301-2525**

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

**Filing Fee is \$50.00
Due by May 1, 2006**

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGR
DAVISSON, WILLIAM
1701 TOWANDA AVENUE
BLOOMINGTON, IL 61702** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**Chairman of the Board
& President** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGR
SOLBERG, JEFF
1701 TOWANDA AVENUE
BLOOMINGTON, IL 61702** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**Vice President, Treas. &
Director** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGR
FARMER, DENNIS
1701 TOWANDA AVENUE
BLOOMINGTON, IL 61702** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Vice President & Director ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGR
BARWICK, STEVE
1701 TOWANDA AVENUE
BLOOMINGTON, IL 61702** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Vice President & Director ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGR
MCGINNIS, VEM J
1701 TOWANDA AVENUE
BLOOMINGTON, IL 61702** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Vice President & Director ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGR
ANDERSON, DAVIS
1701 TOWANDA AVENUE
BLOOMINGTON, IL 61702** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Vice President & Director ☒ Change ☐ Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

[Signature] CFO

3/7/06 585-526-6391

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #