2004 FOR PROFIT CORPORATION ANNUAL REPORT

May 10, 2004 08:00 AM Secretary of State DOCUMENT # P02000101680 GREEN PLAINS, INC. Principal Place of Business Mailing Address 10211 PINES BLVD STE 138 10211 PINES BLVD STE 138 PEMBROKE PINES, FL 33026 -PEMBROKE PINES, FL 33026 04212004 No Chg.P CR2E034 (10/03) --DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 16-1628758 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent SANDOVAL, MARIA G 10211 PINES BLVD STE 138 DO NOT WRITE PEMBROKE PINES, FL 33026 IN THIS SPACE 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 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 \$5.00 May Be Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. TITLE U00000158883 NAME SANDOVAL, MARIA G 05/10/04-80008-004 150.00 5423 NW III CTVD STE 138 STREET ADDRESS CITY-ST-ZIP MIAMI, FL 33178 MAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE MAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

12. I hereby certify that the information supplied with this filling 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 eppears in Block 10 or Block 1.1 changed, or on an attachment with an address with all other like empowered.

SIGNATURE:

NAME STREET ACCRESS CITY-ST-ZIP

ROUTED NAME OF SIGNING OFFICER OR DIRECTOR

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