

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**CORPORATION
ANNUAL REPORT
1995**



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

**APPROVED
AND
FILED**

95 APR 25 AM 8:03

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P04837 (1)

1. Corporation Name
MOUNT SNOW LTD. CORPORATION

Principal Place of Business
**KILLINGTON ROAD
KILLINGTON VT 05751**

Mailing Address
**KILLINGTON ROAD
KILLINGTON VT 05751**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified 01/30/1985	3a. Date of Last Report 05/01/1994
4. FEI Number 03-0265116	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24	Country 25
Zip 29	Country 30

9. Name and Address of Current Registered Agent

**DEWOLF, THOMAS B
DEWOLF WARD MORRIS WAHLUST JONTZ ET AL
1475 HANFORD BLVD, 200 E ROBINSON ST
ORLANDO FL 32801**

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and the filer (applicable) (NOTE: Registered Agent signature required when re-registering)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CD	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SMITH, PRESTON LEETE	1.2 NAME	
STREET ADDRESS	ROARING BROOK ROAD	1.3 STREET ADDRESS	Box 372 MA
CITY - ST - ZIP	KILLINGTON VT	1.4 CITY - ST - ZIP	WATERVILLE VALLEY N.H.
TITLE	P	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DIAMOND, CHRISTOPHER	2.2 NAME	LUNDE, HENRY B
STREET ADDRESS	DOVER ROAD	2.3 STREET ADDRESS	GERMAN HILL
CITY - ST - ZIP	EAST DOVER VT	2.4 CITY - ST - ZIP	PITTSFORD VT
TITLE	S	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	URSO, FRANK P.	3.2 NAME	
STREET ADDRESS	47 OAK STREET	3.3 STREET ADDRESS	
CITY - ST - ZIP	PROCTOR VT	3.4 CITY - ST - ZIP	
TITLE	V	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCCLOY, BRUCE S.	4.2 NAME	DELETE
STREET ADDRESS	DAVIS VILLAGE	4.3 STREET ADDRESS	
CITY - ST - ZIP	WILMINGTON VT	4.4 CITY - ST - ZIP	
TITLE	CFO	5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WILSON, MARTEL D JR	5.2 NAME	
STREET ADDRESS	RUARONG BROOK RD	5.3 STREET ADDRESS	Box 172 MA
CITY - ST - ZIP	KILLINGTON VT	5.4 CITY - ST - ZIP	ENFIELD CENTER N.H.
TITLE	AT	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FENNER, ROBERT	6.2 NAME	
STREET ADDRESS	RT 106 SOUTH	6.3 STREET ADDRESS	
CITY - ST - ZIP	SOUTH WOODSTOCK VE	6.4 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(b), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 of this report, or on an attachment with an address.

SIGNATURE: Robert Fenner, Asst. Pres. 4/24/95
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

OFFICERS AND DIRECTORS

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V
BUCKLEY, DAVID M.
OLD OAK ROAD
WILMINGTON, VT

V
REDD, JOHN G.
STEARNS ROAD
WILMINGTON, VT