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Mar 18 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

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

2. Principal Place of Business

21 Suite Apt # etc.

22 City & State

23 Zip

24 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

3. Date Incorporated or Qualified

01/30/1985

3a. Date of Last Report

04/10/1996

4. FEI Number

03-0265116

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

DEWOLF, THOMAS B
DEWOLF WARD MORRIS WAHLUST JONTZ ET AL
1475 HARDFORD 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

Signature type for printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE CD ☒ DELETE

NAME SMITH, PRESTON LEETE

STREET ADDRESS PO BOX 372 N/A

CITY-ST-ZIP PITTSFORD VT

TITLE LUNDE, HENRY B.

NAME GERMAN HILL

STREET ADDRESS PITTSFORD VT

CITY-ST-ZIP PITTSFORD VT

TITLE S ☒ DELETE

NAME URSO, FRANK P.

STREET ADDRESS 47 OAK STREET

CITY-ST-ZIP PROCTOR VT

TITLE CFO ☒ DELETE

NAME WILSON, MARTEL D JR

STREET ADDRESS PO BOX 142 N/A

CITY-ST-ZIP ENFIELD CENTER NH

TITLE AT ☒ DELETE

NAME FENNER, ROBERT

STREET ADDRESS RT 108 SOUTH

CITY-ST-ZIP SOUTH WOODSTOCK VE

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE President ☐ Change ☒ Addition

1.2 NAME Leslie B. Otten

1.3 STREET ADDRESS Access Road

2.2 NAME Thomas M. Richardson

2.3 STREET ADDRESS Access Road

2.4 CITY-ST-ZIP Newry, ME

3.1 TITLE Clerk ☐ Change ☒ Addition

3.2 NAME Christopher E. Howard

3.3 STREET ADDRESS Access Road

3.4 CITY-ST-ZIP Newry, Maine

4.1 TITLE VP/Managing Director ☐ Change ☒ Addition

4.2 NAME Chris Diamond

4.3 STREET ADDRESS Mountain Road

4.4 CITY-ST-ZIP W. Dover, VT 05356

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I do 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 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 or changed for on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2E034 (9/96)

3-3-97