

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED

Apr 30 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 Sunday River Access Road Suite, Apt. #, etc. 22 City & State 23 Bethel, ME Zip 24 04217		2a. Mailing Address 26 P.O. Box 450 Suite, Apt. #, etc. 27 City & State 28 Bethel, ME Zip 29 04217		3. Date Incorporated or Qualified 01/30/1985		4. FEI Number 03-0265116 Applied For 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 owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	
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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			
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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, typed or printed name of registered agent and title if applicable


(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	P	<input type="checkbox"/> DELETE		1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	OTTEN, LESLIE B			1.2 NAME			
STREET ADDRESS	ACCESS ROAD			1.3 STREET ADDRESS			
CITY-ST-ZIP	NEWRY ME			1.4 CITY-ST-ZIP			
TITLE	T	<input type="checkbox"/> DELETE		2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	RICHARDSON, THOMAS M			2.2 NAME			
STREET ADDRESS	ACCESS ROAD			2.3 STREET ADDRESS			
CITY-ST-ZIP	NEWRY ME			2.4 CITY-ST-ZIP			
TITLE	C	<input type="checkbox"/> DELETE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	HOWARD, CHRISTOPHER E			3.2 NAME			
STREET ADDRESS	ACCESS ROAD			3.3 STREET ADDRESS			
CITY-ST-ZIP	NEWRY MA			3.4 CITY-ST-ZIP			
TITLE	VPMD	<input type="checkbox"/> DELETE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	DIAMOND, CHRIS			4.2 NAME			
STREET ADDRESS	MOUNTAIN ROAD			4.3 STREET ADDRESS			
CITY-ST-ZIP	W DOVER VT			4.4 CITY-ST-ZIP			
TITLE	AT	<input type="checkbox"/> DELETE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	FENNER, ROBERT			5.2 NAME			
STREET ADDRESS	RT 108 SOUTH			5.3 STREET ADDRESS			
CITY-ST-ZIP	SOUTH WOODSTOCK VE			5.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME				6.2 NAME			
STREET ADDRESS				6.3 STREET ADDRESS			
CITY-ST-ZIP				6.4 CITY-ST-ZIP			

14. 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 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 if changed, or in Block 14 Attachment with an address.

SIGNATURE:

 **Christopher E. Howard, Clerk**

4/20/98

(207) 824-5295

CR2E034 (10/97)