


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 19, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P04837</b>	
1. Entity Name MOUNT SNOW LTD. CORPORATION	

Principal Place of Business 136 HEBER AVE 303 PO BOX 4552 PARK CITY, UT 84060 US	Mailing Address MOUNT SNOW RESORT ROUTE 100 W. DOVER, VT 05356 US
---	--



04052005 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 03-0265116	Applied For Not Applicable
-----------------------------	-------------------------------

5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
---	-----------------------------------

6. 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
---

**DO NOT WRITE  
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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2005 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	U000000316638 04/19/05 00002 010 150.00
---	---	--

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PMD HANSEN, STAN MOUNTAIN RD W. DOVER, VT 05356
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SC FOSTER, STEWART JR ONE MONUMENT WAY PORTLAND, ME 04101
TITLE NAME STREET ADDRESS CITY - ST - ZIP	CFO WALLACE, HELEN 136 HEBER AVE 303 PO BOX 4552 PARK CITY, UT 84060
TITLE NAME STREET ADDRESS CITY - ST - ZIP	CEO FAIR, WILLIAM J 136 HEBER AVE 303 PO BOX 4552 PARK CITY, UT 84060
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VPP MUIR, ROBERT 136 HEBER AVE . 303 PO BOX 4552 PARK CITY, UT 84060
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: HELEN WALLACE 14.14.05  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

**HELEN WALLACE**  
**CFO & SENIOR VP**