

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Sep 02, 2008 8:00 am
Secretary of State

09-02-2008 90031 026 ***550.00

DOCUMENT # P04837

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

40114875



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

19 PISGAH RD

Suite, Apt. #, etc.

17409 HIDDEN VALLEY DR

05022008

Chg-P

CR2E034 (12/06)

City & State

WEST DOVER VT

City & State

WILLOWOOD MO

4. FEI Number

03-0265116

Applied For

Not Applicable

Zip

05356

Country

Zip

63025

Country

5. Certificate of Status Desired

\$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

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

FILE NOW!!! FEE IS \$550.00
Due by September 12, 2008

9. Election Campaign Financing
Trust Fund Contribution.

☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PMD ☐ Delete
NAME PAWLAK, KELLY
STREET ADDRESS MOUNTAIN RD
CITY-ST-ZIP W. DOVER, VT 05356

TITLE SC ☒ Delete
NAME FOSTER, STEWART JR
STREET ADDRESS ONE MONUMENT WAY
CITY-ST-ZIP PORTLAND, ME 04101

TITLE CFO ☒ Delete
NAME WALLACE, HELEN
STREET ADDRESS 136 HEBER AVE 303 PO BOX 4552
CITY-ST-ZIP PARK CITY, UT 84060

TITLE CEO ☒ Delete
NAME FAIR, WILLIAM J
STREET ADDRESS 136 HEBER AVE 303 PO BOX 4552
CITY-ST-ZIP PARK CITY, UT 84060

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE VICE PRESIDENT ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE PRESIDENT ☐ Change ☒ Addition
NAME TIMOTHY BOYD
STREET ADDRESS 17409 HIDDEN VALLEY DR
CITY-ST-ZIP WILLOWOOD, MO 63025

TITLE SECRETARY ☐ Change ☒ Addition
NAME THOMAS MONTMAGNI
STREET ADDRESS 19 PISGAH ROAD
CITY-ST-ZIP WEST DOVER VT 05356

TITLE TREASURER ☐ Change ☒ Addition
NAME STEPHEN MUELLER
STREET ADDRESS 17409 HIDDEN VALLEY DR
CITY-ST-ZIP WILLOWOOD MO 63025

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:

STEPHEN MUELLER

5/2/08

636 549 0058

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #