FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED

95 APR -6 AM 6:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P21196 (1)

1. Corporation Name

TROTTING HORSE MUSEUM, INC.

Principal Place of Business	Mailing Address
240 MAIN STREET GOSHEN NY 10924-2116	240 MAIN STREET GOSHEN NY 10924-2116

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 10/06/1988
3a. Date of Last Report: 03/16/1994
4. FEI Number: 14-1368198 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business 21	2a. Mailing Address 26	5. Certificate of Status Desired ☑	$8.75 Additional Fee Required
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	6. Election Campaign Financing Trust Fund Contribution ☐	$5.00 May Be Added to Fees
City & State 23	City & State 28	7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☑	$68.75 Supplemental Fee Not Required
Zip 24 / Country 25	Zip 29 / Country 30	8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☑ No	

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
DURIS, HAROLD 1800 SW 3RD ST. POMPANO BEACH FL 33069	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 title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	11 TITLE	☐ Change ☐ Addition
NAME	GERRY, ELBRIDGE T. J	12 NAME	
STREET ADDRESS	59 WALL STREET	13 STREET ADDRESS	
CITY-ST-ZIP	NEW YORK NY	14 CITY-ST-ZIP	
TITLE	V	21 TITLE	☐ Change ☐ Addition
NAME	HEMPT, MAX	22 NAME	
STREET ADDRESS	250 HEMPT ROAD	23 STREET ADDRESS	
CITY-ST-ZIP	MECHANICSBURG PA	24 CITY-ST-ZIP	
TITLE	S	31 TITLE	☐ Change ☐ Addition
NAME	MILLER, DELVIN	32 NAME	
STREET ADDRESS	BOX 356, PIKE ST.	33 STREET ADDRESS	
CITY-ST-ZIP	MEADOWLANDS PA	34 CITY-ST-ZIP	
TITLE	T	41 TITLE	☐ Change ☐ Addition
NAME	GERRY, PETER	42 NAME	
STREET ADDRESS	399 PARK AVE.	43 STREET ADDRESS	
CITY-ST-ZIP	NEW YORK NY	44 CITY-ST-ZIP	
TITLE	D	51 TITLE	☐ Change ☐ Addition
NAME	CASHMAN, JOHN A., JR.	52 NAME	
STREET ADDRESS	P.O. BOX 11889 N/A	53 STREET ADDRESS	
CITY-ST-ZIP	LEXINGTON KY	54 CITY-ST-ZIP	
TITLE	D	61 TITLE	☐ Change ☐ Addition
NAME	PAFFENBERGER, GEORGE C.	62 NAME	
STREET ADDRESS	BOX 46, ARDEN RD.	63 STREET ADDRESS	
CITY-ST-ZIP	ARDEN NY	64 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)(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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Serge C. Paffenberger Jr. 3/16/96 (914) 782-8158
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
GEORGE C. PAFFENBARGER, JR.

0073383