2002 UNIFORM BUSINESS REPORT (UBR)

FILED DOCUMENT # P29427 Feb 13, 2002 8:00 am 1. Entity Name **Secretary of State** AMERICAN FARMLAND INVESTORS CORP. 02-13-2002 90011 042 ****61 25 Principal Place of Business Mailing Address 1209 ORANGE STREET 1209 ORANGE STREET WILMINGTON DE 19801 WILMINGTON DE 19801 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 52-1673712 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name C T CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable) 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324 City 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. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing Make Check Payable to \$5.00 May Be FILE NOW: FEE IS \$61.25 Trust Fund Contribution. Added to Fees **Department of State** 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 CR2E037 (9/01) TITLE TITLE Delete ☐ Change ☐ Addition MENEELY, JOHN H NAME NAME **509 ARBORETUM CIRCLE** STREET ADDRESS STREET ADDRESS WHEATON IL 60187 CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change Addition **ALLISON, CHARLES** NAME 201 ORANGE AVE STE 795 STREET ADDRESS STREET ADDRESS ORLANDO FL 32801 CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition MCDONALD, JACK K NAME NAME 2 RAVINIA DR. STE 1400 STREET ADDRESS STREET ADDRESS ATLANTA GA 30346 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Addition ☐ Change GROBIC, MICHAEL T NAME NAME **5 NORTH 5TH STREET** STREET ADDRESS STREET ADDRESS HARRISBURG PA 17108 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition GROSSMAN, JAMES H JR NAME NAME **5 NORTH 5TH STREET** STREET ADDRESS STREET ADDRESS HARRISBURG PA 17108 CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Delete TITLE ☐ Change ☐ Addition LANE, JOHN C. NAME NAME 101 SOUTH 2ND STREET STREET ADDRESS STREET ADDRESS HARRISBURG PA CITY-ST-ZIP CITY-ST-ZIP 12. 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 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 617, 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.