

**2004 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 02, 2004 08:00 AM
Secretary of State

DOCUMENT # P29427

1. Entity Name
AMERICAN FARMLAND INVESTORS CORP.



Principal Place of Business
**1209 ORANGE STREET
WILMINGTON, DE 19801**

Mailing Address
**1209 ORANGE STREET
WILMINGTON, DE 19801**



01282004 No Chg-NP CR2E037 (10/03)

4. FEI Number
52-1673712

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324**

**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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**P
MENEELY, JOHN H
509 ARBORETUM CIRCLE
WHEATON, IL 60187**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**V
ALLISON, CHARLES
201 ORANGE AVE STE 795
ORLANDO, FL 32801**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**S
MCDONALD, JACK K
2200 ROSS AVE
DALLAS, TX 75201**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
GROBIC, MICHAEL T
5 NORTH 5TH STREET
HARRISBURG, PA 17108**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
GROSSMAN, JAMES H JR
5 NORTH 5TH STREET
HARRISBURG, PA 17108**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
LANE, JOHN C.
101 SOUTH 2ND STREET
HARRISBURG, PA**

000000023683
02/04/04-80035-020 61.25

**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)(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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-28-04

Date

630-829-4670

Daytime Phone #