

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 19, 2007 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

DO NOT WRITE IN THIS SPACE



02132007 No Chg-NP CR2E037 (4/06)

4. FEI Number
 52-1673712 Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

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

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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 _____

Filing Fee is \$61.25
Due by May 1, 2007

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	ALLISON, CHARLES
STREET ADDRESS	201 ORANGE AVE STE 795
CITY - ST - ZIP	ORLANDO, FL 32801
TITLE	S
NAME	MCDONALD, JACK K
STREET ADDRESS	2200 ROSS AVE
CITY - ST - ZIP	DALLAS, TX 75201
TITLE	VP
NAME	MARSH, PAUL
STREET ADDRESS	801 WARRENVILLE RD, STE 150
CITY - ST - ZIP	LISLE, IL 60532
TITLE	D
NAME	GROSSMAN, JAMES H JR
STREET ADDRESS	5 NORTH 5TH STREET
CITY - ST - ZIP	HARRISBURG, PA 17108
TITLE	D
NAME	SPILLER, CHARLIE J
STREET ADDRESS	5 NORTH 5TH ST
CITY - ST - ZIP	HARRISBURG, PA 17108
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

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 03/01/07-80038-023 61.25

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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 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: Paul E Marsh SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: 2-13-07 Daytime Phone #: 630 810-1700