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Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1997

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

DOCUMENT # **P31296** **(7)**

1. Corporation Name
WINDSOME FARMS LIMITED INC.

Principal Place of Business	Mailing Address
654 NORTH BELT EAST. SUITE 400 HOUSTON TX 77060	654 NORTH BELT EAST. SUITE 400 HOUSTON TX 77060-5914

3. Date Incorporated or Qualified: 10/12/1990
3a. Date of Last Report: 04/26/1996

2. Principal Place of Business	2a. Mailing Address
21 910 Travis Street	26 910 Travis Street
22 Suite, Apt. #, etc. #800	27 Suite, Apt. #, etc. #800
23 City & State Houston TX	28 City & State Houston TX
24 Zip 77002 25 Country	29 Zip 77002 30 Country

4. FEI Number: 06-1280448 ☐ Applied For ☐ Not Applicable

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

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

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
CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION FL 33324	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 _____ (NOTE: Registered Agent's signature required when reinstating) DATE
Signature, typed or printed name of registered agent and title if applicable

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PSD	☐ DELETE	11 TITLE		☒ Change ☐ Addition
NAME	ULRICH, TIMOTHY W.		12 NAME		
STREET ADDRESS	654 N BELT EAST, STE 400		13 STREET ADDRESS	910 travis street #800	
CITY-ST-ZIP	HOUSTON, TX 77060		14 CITY-ST-ZIP	Houston TX 77002	
TITLE	V	☐ DELETE	21 TITLE		☒ Change ☐ Addition
NAME	QUINN, JOHN E		22 NAME		
STREET ADDRESS	654 N. BELT EAST, SUITE 400		23 STREET ADDRESS	910 travis street #800	
CITY-ST-ZIP	HOUSTON TX 77060		24 CITY-ST-ZIP	Houston TX 77002	
TITLE	TS	☐ DELETE	31 TITLE		☐ Change ☐ Addition
NAME	KAMINSKI, CHERYL A		32 NAME		
STREET ADDRESS	3 ST JAMES COURT		33 STREET ADDRESS		
CITY-ST-ZIP	HAMILTON PARISH FL		34 CITY-ST-ZIP		
TITLE		☐ DELETE	41 TITLE		☐ Change ☐ Addition
NAME			42 NAME		
STREET ADDRESS			43 STREET ADDRESS		
CITY-ST-ZIP			44 CITY-ST-ZIP		
TITLE		☐ DELETE	51 TITLE		☐ Change ☐ Addition
NAME			52 NAME		
STREET ADDRESS			53 STREET ADDRESS		
CITY-ST-ZIP			54 CITY-ST-ZIP		
TITLE		☐ DELETE	61 TITLE		☐ Change ☐ Addition
NAME			62 NAME		
STREET ADDRESS			63 STREET ADDRESS		
CITY-ST-ZIP			64 CITY-ST-ZIP		

CR2E034 (9/96)

14. I do 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 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: _____ 4/30/97