2000 UNIFORM BUSINESS REPORT (UBR)

FILED Feb 26, 2000 8:00 am Secretary of State **DOCUMENT # P37853** 1. Entity Name CROWLEY FOODS, INC. 02-26-2000 90083 008 ***150.00 Principal Place of Business Mailing Address P.O. BOX 549 .5. BOX 549 **BINGHAMTON NY 13902-0549** 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For City & State City & State 15-0282160 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent THE PRENTICE-HALL CORPORATION SYSTEM INC. Street Address (P.O. Box Number is Not Acceptable) 1201 HAYS STREET SUITE 105 TALLAHASSEE FL 32301 Zip Code 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. 建造的新加州 Y OHLL REEL DATE Signature) typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 CD ☐ Change ☐ Addition ☐ Delete TITLE THORNE, RICHARD A. NAME выминер 5143 HOLLY RD. STREET ADDRESS ST-ZIP ST. AUGUSTINE FL CITY-ST-ZIP ☐ Addition ☐ Change ☐ Delete TITLE MARGHERIO MARTIN J. STREET ADDRESS 32 LINCOLN AVENUE **BINGHAMPTON NY** CITY-ST-ZIP ST ZIP Change Addition Delete CLINE, ROBERT T. NAME STREET ADDRESS 22 CLYDE GRUVER DRIVE CITY-ST-ZIP ST-ZIP **BINGHAMPTON NY** Change ☐ Addition TV ☐ Delete TITLE NAME Webb, Teresa e STREET ADDRESS - 61990122 904 PRESCOTT AVE CITY-ST-ZIP ST ZIP ENDICOTT NY Addition ☐ Delete TITLE COMPTON, CHARLES H. NAME STREET ADDRESS 43 CARLSON LANE CITY-ST-ZIP ST. 7IP PALM COAST FL ☐ Delete Change ☐ Addition TITLE CERVANTES, JOSEPH P. NAME · · ADDDEGG STREET ADDRESS **49 COURT STREET** CITY-ST-ZIP **BINGHAMTON NY** 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered. SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone

CR2E034 (9/99)