FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT **1996**

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

DOCUMENT # P95000034274 (7)

1. Corporation Name

GREEN FIELDS LTD. OF NEW YORK, INCORPORATED.

Principal Place of Business
1603 NEWELL ROAD
ENDICOTT NY 13760

Mailing Address
1603 NEWELL ROAD
ENDICOTT NY 13760

3. Date Incorporated or Qualified: 05/03/1995
3a. Date of Last Report: FIRST FILING

2. Principal Place of Business
21 1603 NEWEll Rd
Suite, Apt. #, etc.
22 N/A
City & State
23 ENDICOTT, N.Y.
Zip
24 13760
Country
25 U.S.

2a. Mailing Address
26 1603 NEWEll Rd
Suite, Apt. # etc.
27 N/A
City & State
28 ENDICOTT, N.Y.
Zip
29 13760
Country
30 U.S.

4. FEI Number: 59-3317153 ☐ 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

FIELDS, MICHELLE
18 SILVER FALLS CIRCLE
KISSIMMEE FL 34743

10. Name and Address of New Registered Agent

81 Name: MICHELLE J. FIELDS
82 Street Address (P.O. Box Number is Not Acceptable): 18 SILVER FALLS CIRCLE
83
84 City: KISSIMMEE FL 85 Zip Code: 34743

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: [signature] DATE: 5/6/96

12. OFFICERS AND DIRECTORS

Field	Officer/Director	
TITLE	P	☐ DELETE
NAME	GOODNOUGH, RALPH L	
STREET ADDRESS	1603 NEWELL ROAD	
CITY-ST-ZIP	ENDICOTT NY 13760	
TITLE	V	☐ DELETE
NAME	FIELDS, MICHELLE J	
STREET ADDRESS	18 SILVE FALLS CIRCLE	
CITY-ST-ZIP	KISSIMMEE FL 34743	
TITLE	CEO	☐ DELETE
NAME	GREEN, CAROL J	
STREET ADDRESS	1603 NEWELL ROAD	
CITY-ST-ZIP	ENDICOH NY 13760	
TITLE	T	☐ DELETE
NAME	FIELDS, JESSE T JR.	
STREET ADDRESS	1603 NEWELL ROAD	
CITY-ST-ZIP	ENDICOTT NY 13760	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

Field	Entry	Change	Addition
1.1 TITLE		☐	☐
1.2 NAME			
1.3 STREET ADDRESS			
1.4 CITY-ST-ZIP			
2.1 TITLE	V AND S	☐	☒
2.2 NAME	MICHELLE J. FIELDS		
2.3 STREET ADDRESS	18 SILVER FALLS CIRCLE. KISS, FL.		
2.4 CITY-ST-ZIP	34743		
3.1 TITLE		☐	☐
3.2 NAME			
3.3 STREET ADDRESS			
3.4 CITY-ST-ZIP			
4.1 TITLE		☐	☐
4.2 NAME			
4.3 STREET ADDRESS			
4.4 CITY-ST-ZIP			
5.1 TITLE		☐	☐
5.2 NAME			
5.3 STREET ADDRESS			
5.4 CITY-ST-ZIP			
6.1 TITLE		☐	☐
6.2 NAME			
6.3 STREET ADDRESS			
6.4 CITY-ST-ZIP			

CR2E034 (12/95)

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: [signature] (Vice Pres.) 5/6/96 (407)348-9783

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Ph. #