

**2014 FOREIGN NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F93000003491

Entity Name: FARM AID, INC.

**Current Principal Place of Business:**

501 CAMBRIDGE STREET  
THIRD FLOOR  
CAMBRIDGE, MA 02141

**Current Mailing Address:**

501 CAMBRIDGE STREET  
THIRD FLOOR  
CAMBRIDGE, MA 02141

FEI Number: 36-3383233

Certificate of Status Desired: No

**Name and Address of Current Registered Agent:**

HENDERSHOT, TAMARA  
919 4TH STREET  
MIAMI BEACH, FL 33139 US

*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.*

SIGNATURE:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title CD  
Name NELSON, WILLIE  
Address % ROTHBAUM & ASSOCIATES 36  
MILL PLAIN RD  
City-State-Zip: DANBURY CT 06811

Title SD  
Name NELSON, LANA  
Address 14509 FITZHUGH  
City-State-Zip: AUSTIN TX 78746

Title TD  
Name ENGLISH, PAUL  
Address 6607 GLENHURST DR  
City-State-Zip: DALLAS TX 75240

Title D  
Name YOUNG, NEIL  
Address C/O LOOKOUT ENTERTAINMENT,  
1460 4TH ST  
City-State-Zip: SANTA MONICA CA 90401

Title D  
Name MELLENCAMP, JOHN  
Address C/O HOFFMAN ENT 362 5TH AVE, STE  
804  
City-State-Zip: NEW YORK NY 10001

Title D  
Name ROTHBAUM, MARK  
Address 36 MILL PLAIN ROAD  
City-State-Zip: DANBURY CT 06811

Title DIRECTOR  
Name ANDERSON, DAVID  
Address 1550 SOUTH KIHEI ROAD  
City-State-Zip: KIHEI HI 96753

Title DIRECTOR  
Name KATZ, JOEL  
Address 3333 PIEDMONT RD NE  
TERMINUS 200, STE 2500  
City-State-Zip: ATLANTA GA 30305

**Continues on page 2**

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

SIGNATURE: LANA NELSON

SECRETARY

04/04/2014

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date

**Officer/Director Detail Continued :**

Title DIRECTOR  
Name SHRIVER, EVELYN  
Address 635 WEST IRIS DRIVE  
City-State-Zip: NASHVILLE TN 37204

Title DIRECTOR  
Name MATTHEWS, DAVE  
Address 321 E. MAIN STREET, STE 500  
City-State-Zip: CHARLOTTESVILLE VA 22902

Title DIRECTOR  
Name FIELDS, RICHARD  
Address 745 FIFTH AVE, 18TH FLOOR  
City-State-Zip: NEW YORK NY 10151