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NONPROFIT CORPORATION ANNUAL REPORT **1999**

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **F97000006854**

1. Corporation Name
FARMLAND RESERVE, INC.

Principal Place of Business	Mailing Address
% BOYD J. BLACK 50 EAST NORTH TEMPLE ST SALT LAKE CITY UT 84150	% BOYD J. BLACK 2WW SALT LAKE CITY UT 84150 US

2. Principal Place of Business 21	2a. Mailing Address 26 50 E. No. Temple St.
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27 2WW
City & State 23	City & State 28
Zip / Country 24 / 25	Zip / Country 29 / 30

3. Date Incorporated or Qualifed: 12/24/1997

4. FEI Number: ~~APPLIED FOR~~ 87-0569880 ☐ Applied For ☐ Not Applicable

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

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

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

81 Name: Corporation Service Company
82 Street Address (P.O. Box Number is Not Acceptable): 1201 Hays Street
83
84 City: Tallahassee **FL** 85 Zip Code: 32301

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE: Geri Holman, Geri Holman — 1/26/99
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	C	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	FAUST, JAMES E		1.2 NAME		
STREET ADDRESS	47 E. SOUTH TEMPLE		1.3 STREET ADDRESS		
CITY-ST-ZIP	SALT LAKE CITY UT 84150		1.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	SCOTT, RICHARD G		2.2 NAME		
STREET ADDRESS	47 E. SOUTH TEMPLE		2.3 STREET ADDRESS		
CITY-ST-ZIP	SALT LAKE CITY UT 84150		2.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	HOLLAND, JEFFREY R		3.2 NAME		
STREET ADDRESS	47 E. SOUTH TEMPLE		3.3 STREET ADDRESS		
CITY-ST-ZIP	SALT LAKE CITY UT 84150		3.4 CITY-ST-ZIP		
TITLE	P	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	CREER, JOHN W		4.2 NAME		
STREET ADDRESS	50 EAST NORTH TEMPLE		4.3 STREET ADDRESS		
CITY-ST-ZIP	SALT LAKE CITY UT 84150		4.4 CITY-ST-ZIP		
TITLE	V	☐ DELETE	5.1 TITLE		☒ Change ☐ Addition
NAME	~~RUECKERT, THOMAS G~~		5.2 NAME	KEELER, KARL F.	
STREET ADDRESS	50 EAST NORTH TEMPLE		5.3 STREET ADDRESS		
CITY-ST-ZIP	SALT LAKE CITY UT 84150		5.4 CITY-ST-ZIP		
TITLE	ST	☐ DELETE	6.1 TITLE		☒ Change ☐ Addition
NAME	~~KEELER, KARL F~~		6.2 NAME	RUECKERT, THOMAS G.	
STREET ADDRESS	50 EAST NORTH TEMPLE		6.3 STREET ADDRESS		
CITY-ST-ZIP	SALT LAKE CITY UT 84150		6.4 CITY-ST-ZIP		

CR2E037 (11/98)

14. 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 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Geri Holman SIGNATURE REQUIRED ~~Geri Holman~~ 1/26/99 ~~213/622-7685 x 102~~
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Boyd J. Black 1/27/99 801-240-6301