

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 830862

FILED
Jan 08, 2008
Secretary of State

Entity Name: G.A. BRAUN, INC.

Current Principal Place of Business:

461 EAST BRIGHTON AVE.
DRAWER 70, COLVIN STATION
SYRACUSE, NY 13205

New Principal Place of Business:

Current Mailing Address:

461 EAST BRIGHTON AVE.
DRAWER 70, COLVIN STATION
SYRACUSE, NY 13205

New Mailing Address:

FEI Number: 15-0508635 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CT CORPORATION SYSTEM
C/O C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 US

Name and Address of New Registered Agent:

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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: WERNER, ERIN
Address: 461 E BRIGHTON AVE
City-St-Zip: SYRACUSE, NY 13205

Title: PD () Delete
Name: WERNER, JB
Address: 461 EAST BRIGHTON AVE
City-St-Zip: SYRACUSE, NY 13205

Title: V () Delete
Name: LEWIS, DENNIS,
Address: 461 E BRIGHTON AVE
City-St-Zip: SYRACUSE, NY 13205

Title: V () Delete
Name: GUDENBURR, JOSEPH
Address: 461 EAST BRIGHTON AVE
City-St-Zip: SYRACUSE, NY 13205

Title: V () Delete
Name: CLARK, DAVID
Address: 461 E BRIGHTON AVE
City-St-Zip: SYRACUSE, NY 13205

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DENNIS LEWIS

VP

01/08/2008

Electronic Signature of Signing Officer or Director

_____ Date