2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 15, 2005 8:00 am Secretary of State

Principal Place of Business 5000 BRITTONIFIED PARKWAY EAST SYRACUSE, NY 13221 2. Principal Place of Business 3. Mailing Address PO BOX 4873 Suite, Apt #, etc. 2. Suite, Apt #, etc. Suite, Apt #, etc. City & State Street Address of New Registared Agent 7. Name and Address of New Registared Agent City FL Zip Code 8. The above insmed entity pubmits the statement for the purpose of changing its registered diffice or registered agent, or both in the State of Florida. I am familiar with, and accity in the State of Florida. I am familiar with, and accity in the State of Florida. I am familiar with, and accity in the State of Florida. I am familiar with, and accity in the State of Florida. I am familiar with, and accity in the State of Florida. I am familiar with, and accity in the State of Florida. I am familiar with, and accity in the State of Florida. I am familiar with, and accity in the State of Florida. I am familiar with, and accity in the State of Florida. I am familiar with, and accity in the State of Florida. I am familiar with, and accity in the State of Florida. I am familiar with, and accity in the State of Florida. I am familiar with, and accity in the State of Florida. I am familiar with and accity in the State of Florida. I am familiar with and accity in the State of Florida. I am familiar with and accity in the State of Florida. I am familiar with and accity in the State of Florida. I am familiar with and accity in the State of Florida. I am familiar with and accity in the State of Florida. I am familiar with and accity in the State of Florida. I am familiar with and accity in the State of Fl	·	MENT # F01000000 & GERE LIMITED INC.	517		04-15-2005 90090 034 ***150.00	
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6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324 City FL Zip Code 8. The above hamed entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accurate the obligations of registered agent	City & State		City & State Syracuse, NY		1	le
Name Street Address (P.O. Box Number is Not Acceptable)	Zip	Country	^{Zip} 13221	Country USA		
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324 City FL Zip Code		6. Name and Address of Current F	Registered Agent		7. Name and Address of New Registered Agent	
Street Address (P.O. Box Number is Not Acceptable)	CTCORP	ORATION SYSTEM		Name	•	
8. The above harned antity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and according to registered agent. Signature Signature	1200 SOUTH PINE ISLAND ROAD			Street A	ddress (P.O. Box Number is Not Acceptable)	
8. 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. I am familiar with, and accide the obligations of registered agent. 3 ISIGNATURE Signature, hyped or prined name of registered agent and tible if applicable. (NOTE Registered Agent algoritume required when refersating) DATE						
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12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

John F. Sutphen, Ass. Secr.

4/7/05 Date

(315)437-6100 Daytime Phone #