

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

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

04-15-2005 90090 034 \*\*\*150.00

<b>DOCUMENT # F01000000517</b>					
<b>1. Entity Name</b> O'BRIEN & GERE LIMITED INC.					
<b>Principal Place of Business</b> 5000 BRITTONFIELD PARKWAY EAST SYRACUSE, NY 13221			<b>Mailing Address</b> PO BOX 3811 SYRACUSE, NY 13221		
<b>2. Principal Place of Business</b>		<b>3. Mailing Address</b> PO Box 4873			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
<b>City &amp; State</b>		<b>City &amp; State</b> Syracuse, NY		<b>4. FEI Number</b> 16-1284512	
<b>Zip</b>		<b>Country</b> USA		<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b> C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324			<b>7. Name and Address of New Registered Agent</b>		
Name			Street Address (P.O. Box Number is Not Acceptable)		
City			Zip Code		
FL			FL		
<b>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 accept the obligations of registered agent.</b>					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating)					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2005 Fee will be \$550.00</b>		<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		DATE _____	
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
<b>TITLE</b> CEOP	<b>NAME</b> BROWN, TERRY L		<input type="checkbox"/> Delete	<b>TITLE</b> CEO, Pres., Director	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
<b>STREET ADDRESS</b> 7831 KARAKUL LANE	<b>CITY-ST-ZIP</b> FAYETTEVILLE, NY 13066		<b>STREET ADDRESS</b> 605 Briar Brook Run	<b>CITY-ST-ZIP</b> Fayetteville, NY 13066	
<b>TITLE</b> SD	<b>NAME</b> JOHNSON, PETER C		<input type="checkbox"/> Delete	<b>TITLE</b> Secretary (not a director)	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
<b>STREET ADDRESS</b> 1512 NORTH BEECHAM DRIVE	<b>CITY-ST-ZIP</b> AMBLER, PA 19002		<b>STREET ADDRESS</b> 1512 North Beecham Drive	<b>CITY-ST-ZIP</b> Ambler, PA 19002	
<b>TITLE</b> ASSV	<b>NAME</b> SUTPHEN, JOHN F		<input type="checkbox"/> Delete	<b>TITLE</b> CFO, VP, Director	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
<b>STREET ADDRESS</b> 5100 ROCKWAY LANE	<b>CITY-ST-ZIP</b> FAYETTEVILLE, NY 13066		<b>STREET ADDRESS</b> 27-A Ball Road	<b>CITY-ST-ZIP</b> Syracuse, NY 13215	
<b>TITLE</b> CFOV	<b>NAME</b> MCNULTY, JOSEPH M		<input type="checkbox"/> Delete	<b>TITLE</b> Asst. Secr., VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
<b>STREET ADDRESS</b> 7329 LAKESHORE ROAD	<b>CITY-ST-ZIP</b> CICERO, NY 13039		<b>STREET ADDRESS</b> 5100 Brockway Lane	<b>CITY-ST-ZIP</b> Fayetteville, NY 13066	
<b>TITLE</b> VS	<b>NAME</b> SUTPHEN, JOHN F		<input type="checkbox"/> Delete	<b>TITLE</b> AT	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>STREET ADDRESS</b> 612 BRADFORD PARKWAY	<b>CITY-ST-ZIP</b> SYRACUSE, NY 13224		<b>STREET ADDRESS</b> 7353 CEDARPOST ROAD	<b>CITY-ST-ZIP</b> DEWITT, NY 13214	
<b>TITLE</b> AT	<b>NAME</b> ZAWADZKI, EDWARD J		<input type="checkbox"/> Delete	_____	
<b>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.</b>					
<b>SIGNATURE:</b> <b>John F. Sutphen, Ass. Secr.</b> <b>4/7/05</b> <b>(315)437-6100</b>					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					