

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 12, 2004 8:00 am
Secretary of State

04-12-2004 90677 005 ***150.00

DOCUMENT # F03000002510

1. Entity Name

PICTOMETRY INTERNATIONAL CORP.



Principal Place of Business

100 TOWN CENTRE DRIVE, SUITE A
ROCHESTER NY 14623

Mailing Address

100 TOWN CENTRE DRIVE, SUITE A
ROCHESTER NY 14623

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

16-1595473

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

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

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2004 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	<input type="checkbox"/> Delete
NAME	KAPLAN, RICHARD A	
STREET ADDRESS	100 TOWN CENTRE DRIVE, SUITE A	
CITY-ST-ZIP	ROCHESTER NY 14623	
TITLE	V	<input type="checkbox"/> Delete
NAME	SCHULTZ, STEPHEN L	
STREET ADDRESS	100 TOWN CENTRE DRIVE, SUITE A	
CITY-ST-ZIP	ROCHESTER NY 14623	
TITLE	AS	<input type="checkbox"/> Delete
NAME	SALPINI, LINDA K	
STREET ADDRESS	100 TOWN CENTRE DRIVE, SUITE A	
CITY-ST-ZIP	ROCHESTER NY 14623	
TITLE	V	<input type="checkbox"/> Delete
NAME	NEARY, MICHAEL J	
STREET ADDRESS	100 TOWN CENTRE DRIVE, SUITE A	
CITY-ST-ZIP	ROCHESTER NY 14623	
TITLE	CD	<input type="checkbox"/> Delete
NAME	HURWITZ, RICHARD	
STREET ADDRESS	12800 CORPORATE HILL DRIVE, SUITE 300	
CITY-ST-ZIP	ST. LOUIS MO 63131	
TITLE	D	<input type="checkbox"/> Delete
NAME	GOLISANO, THOMAS	
STREET ADDRESS	12800 CORPORATE HILL DRIVE, SUITE 300	
CITY-ST-ZIP	ST. LOUIS MO 63131	

TITLE	DIRECTOR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Richard A. Dorsch, Richard	
STREET ADDRESS	33 WHITESTONE LANE	
CITY-ST-ZIP	ROCHESTER NY 14618	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	KAPLAN, RICHARD A	
STREET ADDRESS	100 TOWN CENTRE DR, SUITE A	
CITY-ST-ZIP	ROCHESTER NY 14623	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LOSI, DE ROBERT W	
STREET ADDRESS	41 BROOKWOOD RD	
CITY-ST-ZIP	ROCHESTER NY 14624	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SCHULTZ, STEPHEN L	
STREET ADDRESS	100 TOWN CENTRE DR, SUITE A	
CITY-ST-ZIP	ROCHESTER NY 14623	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	RIAN, WILLIAM D	
STREET ADDRESS	2 WOODBURY PLACE	
CITY-ST-ZIP	ROCHESTER NY 14618	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CHAMBERLAIN, CAROL H.	
STREET ADDRESS	100 TOWN CENTRE DR, SUITE A	
CITY-ST-ZIP	ROCHESTER NY 14623	

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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/12/04

Date

585-486-0093

Daytime Phone #