


FILED
May 07, 2008 8:00 A.M.
Secretary of State

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # F05000004064			
1. Entity Name NEW YORK WIRE COMPANY			
Principal Place of Business 152 N. MAIN ST MT WOLF, PA 17347-0866		Mailing Address P.O. BOX 866 MT WOLF, PA 17347-0866	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent KICAK, RICHARD J 3901 CARAVEL LANE VALRICO, FL 33594		7. Name and Address of New Registered Agent Name: <u>GREGORY L. CRAWFORD</u> Street Address (P.O. Box Number is Not Acceptable): <u>710 FAYETTE PLACE</u> City: <u>LUTZ</u> FL Zip Code: <u>33549</u>	
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: <u>[Signature]</u> <u>GREGORY L. CRAWFORD</u> <u>04-29-08</u> <small>Signature, typed or printed name of registered agent and the applicable. (NOTE: Registered Agent's signature required when reinstating) DATE</small>			
FILE NOW!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD DOUGLAS, BARRY N 1141 OVERBROOK COURT YORK, PA 17403 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V FINNEGAN, LARRY 25 BRAEBURHN COURT YORK, PA 17404 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VPF SENKOWSKI, WALTER J 1837 BRUBAKER RUN ROAD LANCASTER, PA 17603 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	CD COOK, J.P. JR. 6995 ROUNTOP LANE WRIGHTSVILLE, PA <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D COLLINS, JAMES C SUITE 110, 150 MORRISTOWN ROAD BERNARDSVILLE, NJ 07924 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 files empowered.			
SIGNATURE: <u>Walter J. Senhoub</u> <small>SIGNATURE, AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date: <u>4/28/08</u> City/Phone: <u>(717) 266-5626</u>	

KS