

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$275)**

PROFIT CORPORATION ANNUAL REPORT 1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JUN 25 AM 9:23

DOCUMENT # P40331 (1)

1. Corporation Name
TRENCH MANUFACTURING COMPANY, INC.

Principal Place of Business: **1280 MAIN ST. BUFFALO NY 14209**
Mailing Address: **1280 MAIN ST. BUFFALO NY 14209**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: **08/28/1992** 3a. Date of Last Report: **03/29/1994**
4. FEI Number: **13-3545950** Applied For: Not Applicable
5. Certificate of Status Desired: **\$8.75 Additional Fee Required**
6. Election Campaign Financing Trust Fund Contribution: **\$5.00 May Be Added to Fees**
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

2. Principal Place of Business: **21 2495 Main St.** 2a. Mailing Address: **26 2495 Main St.**
Suite, Apt. #, etc.: Suite, Apt. #, etc.:
22 City & State: **23 Buffalo NY** 27 City & State: **28 Buffalo NY**
Zip: **24 14216** Country: **25** Zip: **29 14216** Country: **30**

9. Name and Address of Current Registered Agent
**KOSLOSKI, TRACI
6091 JOHNS ROAD
SUITE #5
TAMPA FL 33614**

10. Name and Address of New Registered Agent
81 Name: _____
82 Street Address (P.O. Box Number is Not Acceptable): _____
83 _____
84 City: **FL** 85 Zip Code: _____

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE: _____

12. OFFICERS AND DIRECTORS

TITLE	DC
NAME	STORM, THOMAS
STREET ADDRESS	33 BRADENHAM
CITY - ST - ZIP	EGGERTSVILLE NY
TITLE	DVC
NAME	STORM, JOHN
STREET ADDRESS	3 DALE ROAD
CITY - ST - ZIP	ORCHARD PARK NY
TITLE	VP
NAME	CARR, RAYMOND
STREET ADDRESS	112 NANTUCKET DR.
CITY - ST - ZIP	CHEEKTOWAGA NY
TITLE	ST
NAME	LAUGHLIN, ROBERT
STREET ADDRESS	1411 NORTHWOOD DR.
CITY - ST - ZIP	WILLIAMSVILLE NY
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1 2 NAME	
1 3 STREET ADDRESS	
1 4 CITY - ST - ZIP	
2 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2 2 NAME	
2 3 STREET ADDRESS	
2 4 CITY - ST - ZIP	
3 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3 2 NAME	
3 3 STREET ADDRESS	
3 4 CITY - ST - ZIP	
4 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4 2 NAME	
4 3 STREET ADDRESS	
4 4 CITY - ST - ZIP	
5 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5 2 NAME	
5 3 STREET ADDRESS	
5 4 CITY - ST - ZIP	
6 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6 2 NAME	
6 3 STREET ADDRESS	
6 4 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 807, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Robert Laughlin 6/2/95 (21) 877 6407
SIGNATURE AND TYPED OR PRINTED NAME OF CHANGING OFFICER OR DIRECTOR (Date)

CR2E034 (3/95)