

**2014 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F01000000517

**Entity Name:** O'BRIEN & GERE LIMITED INC.**Current Principal Place of Business:**333 W WASHINGTON ST  
SYRACUSE, NY 13202**Current Mailing Address:**PO BOX 4873  
SYRACUSE, NY 13221 US**FEI Number:** 16-1284512**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**NRAI SERVICES, INC.  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 US*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.***SIGNATURE:**\_\_\_\_\_  
Electronic Signature of Registered Agent\_\_\_\_\_  
Date**Officer/Director Detail :**

Title	ASVP
Name	SUTPHEN, JOHN F
Address	5100 BROCKWAY LANE
City-State-Zip:	FAYETTEVILLE NY 13066

Title	CFOD
Name	MCNULTY, JOSEPH M
Address	4922 CORNISH HEIGHTS
City-State-Zip:	SYRACUSE NY 13215

Title	CEOD
Name	FOX, JAMES A
Address	333 W WASHINGTON STREET
City-State-Zip:	SYRACUSE NY 13202

Title	VP D
Name	WRIGHT, USAH
Address	333 W WASHINGTON ST
City-State-Zip:	SYRACUSE NY 13202

Title	PR D
Name	DAVIS, R. LELAND
Address	4601 WATERGAP, PO BOX 8
City-State-Zip:	MANLIUS NY 13104

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE:** JOHN F. SUTPHEN**ASST SECRETARY****04/03/2014**\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail\_\_\_\_\_  
Date