

**2015 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 CEO  
Name FOX, JAMES A  
Address 333 W WASHINGTON STREET  
City-State-Zip: SYRACUSE NY 13202

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

Title SR VP, D  
Name ROGERS, JEFFREY  
Address PO BOX 4873  
City-State-Zip: SYRACUSE NY 13221

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

Title SR VP, D  
Name BARRY, TIMOTHY  
Address 333 W WASHINGTON ST  
City-State-Zip: SYRACUSE NY 13202

Title SR VP, D  
Name BRYANT, KEVIN  
Address 333 W WASHINGTON ST  
City-State-Zip: SYRACUSE NY 13202

*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****04/23/2015**

Electronic Signature of Signing Officer/Director Detail

Date