

**2020 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F03000006113

**Entity Name:** WDF/NAGELBUSH HOLDING CORP.

**Current Principal Place of Business:**

30 NORTH MACQUESTEN PARKWAY  
MOUNT VERNON, NY 10550

**Current Mailing Address:**

30 NORTH MACQUESTEN PARKWAY  
MOUNT VERNON, NY 10550 US

**FEI Number:** 20-0485017

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

C T CORPORATION SYSTEM  
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 DIRECTOR  
Name SMALLEY, GARY G.  
Address 30 NORTH MACQUESTEN PARKWAY  
City-State-Zip: MOUNT VERNON NY 10550

Title CEO AND PRESIDENT  
Name ROMAN, LAWRENCE  
Address 30 NORTH MACQUESTEN PARKWAY  
City-State-Zip: MOUNT VERNON NY 10550

Title ASSISTANT TREASURER AND ASSISTANT SECRETARY  
Name THERIEN, MATTHEW  
Address 30 NORTH MACQUESTEN PARKWAY  
City-State-Zip: MOUNT VERNON NY 10550

Title ASSISTANT TREASURER AND ASSISTANT SECRETARY  
Name SMALLEY, GARY G.  
Address 30 NORTH MACQUESTEN PARKWAY  
City-State-Zip: MOUNT VERNON NY 10550

Title DIRECTOR  
Name TUTOR, RONALD N.  
Address 30 NORTH MACQUESTEN PARKWAY  
City-State-Zip: MOUNT VERNON NY 10550

*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:** GARY G. SMALLEY

**ASSISTANT SECRETARY 05/28/2020**

Electronic Signature of Signing Officer/Director Detail

Date