

**2023 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F04000005088

**Entity Name:** BUCKEYEBRANCH, INC.**Current Principal Place of Business:**35 W. MAIN ST.  
ALLEGANY, NY 14706**Current Mailing Address:**PO BOX 806  
OLEAN, NY 14760 US**FEI Number:** 16-1390226**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 32301-2525 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, PRESIDENT, ASST.  
SECRETARY, TREASURER  
Name BRANCH, LAURIE A  
Address 25 LIGHTHOUSE POINT DRIVE  
City-State-Zip: LONGBOAT KEY FL 34228

Title DIRECTOR, SECRETARY  
Name BRANCH-BENOLIEL, AMY L  
Address 520 EAST GRAVERS LANE  
City-State-Zip: WYNDMOOR PA 19038

Title VP  
Name PRINCE, ROBERT A  
Address 5035 GOODRICH ROAD  
City-State-Zip: CLARENCE NY 14031

Title DIRECTOR, VP  
Name CHIAPUSO, JOSEPH G  
Address 1910 WINDFALL ROAD  
City-State-Zip: OLEAN NY 14760

Title VP  
Name CHIAPUSO, CHRISTOPHER J  
Address 1840 WINDFALL ROAD  
City-State-Zip: OLEAN NY 14760

Title VP  
Name MCELFFRESH, REED  
Address 101 VIRGINIA STREET  
City-State-Zip: OLEAN NY 14760

*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:** LAURIE A. BRANCH**ASSISTANT SECRETARY** 04/27/2023

Electronic Signature of Signing Officer/Director Detail

Date