

**2021 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 TDAP  
Name BRANCH, LAURIE A  
Address 304 VANBUREN AVE.  
City-State-Zip: OLEAN NY 14760

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

Title VP  
Name PRINCE, ROBERT A  
Address 304 VAN BUREN AVE  
City-State-Zip: OLEAN NY 14760

Title VPD  
Name CHIAPUSO, JOSEPH G  
Address 35 W. MAIN ST.  
City-State-Zip: AILEGANY NY 14706

Title VP  
Name CHIAPUSO, CHRISTOPHER J  
Address 3295 WEST VALLEY VIEW DRIVE  
City-State-Zip: ALLEGANY NY 14706

Title VP  
Name MCELFRESH, REED  
Address 35 W. MAIN ST.  
City-State-Zip: ALLEGANY NY 14706

*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 04/19/2021**

Electronic Signature of Signing Officer/Director Detail

Date