2006 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE: _

SIGNATURE AND TYPED OR PRINTED NAME OF

SIGNING OFFICER OR DIRECTOR

Secretary of State **DOCUMENT #497338** 02-24-2006 90005 001 ***158.75 1. Entity Name I.K.S., INCORPORATED Principal Place of Business Mailing Address 800-19 NEW LOUDON ROAD 800-19 NEW LOUDON ROAD P.O. BOX 639 P.O. BOX 639 LATHAM, NY 12110 LATHAM, NY 12110 2. Principal Place of Business 3. Mailing Address 800 Loudon Road Suite, Apt. #, etc. PP.O. Box 639 Suite, Apt, #, etc. 01112006 CR2E034 (11/05) City & State City & State Latham, NY 4. FEI Number Applied For 59-1652723 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 12110 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent RUBINO, NICHOLAS J. ESQ. Street Address (P.O. Box Number is Not Acceptable) C/O WHEELER AND DEGRAW 1560 ORANGE AVENUE, STE 503 ORLANDO, FL 32789 Zip Code FL 8. 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 Delete TITLE ☐ Change ■ Addition WEISS, EUGENE NAME NAME STREET ADDRESS 1366 ROSEHILL BLVD. STREET ADDRESS CITY-ST-ZIP SCHENECTADY, NY CITY-ST-7IP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CHY-S1-ZIP CITY-S1-ZIP TITLE Delete ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY - ST - ZIP ☐ Delete ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Defete TITLE Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Defete ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empty ered/)

Feb 24, 2006 8:00 am

2-21-06 (518) 785-6633