2005 FOR PROFIT CORPORATION ANNUAL REPORT

Jan 19, 2005 8:00 am Secretary of State **DOCUMENT #826589** 01-19-2005 90003 041 ***150.00 **BANFI PRODUCTS CORPORATION** Principal Place of Business Mailing Address 50003470 1111 CEDAR SWAMP RD 1111 CEDAR SWAMP RD OLD BROOKVILLE, NY 11545 OLD BROOKVILLE, NY 11545 US 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01132005 Chg-P CR2E034 (10/03) Applied For City & State City & State 4. FEI Number 13-4941010 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name CT CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable) 1200 S. PINE ISLAND ROAD PLANTATION, FL 33324 City Zip Code 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, typed or printed name of registered agent and title if applicable. (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, 2005 Fee will be \$550.00 Trust Fund Contribution. Added to Fees hg120 ee OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. TITLE ☐ Delete TITLE ☐ Change 🗷 Addition DI BELARDINO PHILLIP MARIANI, JAMES NAME NAME STREET ADDRESS 1111 CEDAR SWAMP RD STREET ADDRESS CITY-ST-ZIP OLD BROOKVILLE, NY 11545 CITY-ST-ZIP OLD BROOKVILLE Addition TITLE □ Delete TITLE MILES THOMAS MARIANI, HARRY NAME NAME IIII CEDAR SWAMP ROAD 1111 CEDAR SWAMP RD STREET ADDRESS STREET ADDRESS CITY-ST-ZIP OLD BROOKVILLE, NY 11545 CITY-ST-7IP OLD BROOKVILLE Delete TITLE Addition TITLE SHARROW GOETZ, THERESE NAME III CEDAR SWAMP ROAD 111 CEDAR SWAMP RD STREET ADDRESS STREET ADDRESS OLD BROOKVILLE, NY 11545 BROOKUILLE, CITY-ST-ZIP CITY-ST-ZIP Addition TITLE ☐ Delete TITLE BRENEWSON JUDITIT ☐ Change MARIANI, JOHN F JR NAME NAME STREET ADDRESS 111 CEDAR SWAMP RD STREET ADDRESS OLD BROOKVILLE OLD BROOKVILLE, NY 11545 CITY-ST-ZIP CITY-ST-ZIP Delete TITLE TITLE MARIANI, CRISTINA NAME NAME SWAMP ROAT) STREET ADDRESS 1111 CEDAR SWAMP RD STREET ADDRESS OLD BROKVILLE, NY 11545 CITY-ST-ZIP CITY-ST-ZIP C am TITLE ☐ Addition TITLE Delete Change PHILIP CALDERONE, PHILIP D , NAME NAME 1111 CEDAR SWAMP RD STREET ADDRESS STREET ADDRESS OLD BROOKVILLE, NY 11545 CITY-ST-ZIP OLI) ROOKVILLE CITY-ST-ZIP 12. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. Yourther 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 attaction with an address, with all other like empowered.

Philip D. Caldesone, Vice President & Secretary

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ATTACHMENT DOCUMENT # 826589 BANFI PRODUCTS CORPORATION 50003470 Principal Place of Business Mailing Address 1111 CEDAR SWAMP RD 1111 CEDAR SWAMP RD **OLD BROOKVILLE, NY 11545** OLD BROOKVILLE, NY 11545 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #; etc. 01132005 Chg-P CR2E034 (10/03) Applied For 4. FEI Number City & State City & State 13-4941010 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent CT CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable) 1200 S. PINE ISLAND ROAD PLANTATION, FL 33324 City Zip Code 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) Signature, typed or printed name of registered agent and title if applicable DAIE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 Trust Fund Contribution. 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete TITLE Addition NAME NAME IIII CEDAR SWAMP ROAD STREET ADDRESS STREET ADDRESS CITY - ST - ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY ST-7IP TITLE ☐ Delete TITLE Change, ☐ Addition ŇÁME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change TITLE Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 1.1 if (516) 626-9200 Calderone, Vice President & Secretary