### FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

**PROFIT CORPORATION** ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

#### Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # 837300

1. Corporation Name THE ROCHESTER CORPORATION

Principal Place of Business	Mailing Address
751 OLD BRANDY ROAD	751 OLD BRANDY ROAD
CULPEPER VA 22701	CULPEPER VA 22701

# Apr 27, 1999 8:00 am Secretary of State

04-27-1999 90019 045 \*\*\*150.00

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751 OLD BRANDY ROAD CULPEPER VA 22701  TO NOT WRITE IN THIS SPACE  3. Date Incorporated or Qualified 11/02/1976  2. Principal Place of Business 2a. Mailing Address 2b. Suite, Apt. #, etc. 2c. Suite, Apt. #, etc. 27  City & State 28  City & State 29  City & State 29  Country 29  Country 29  Country 29  Country 30  Road Added to F  Personal Property Tax. Added to F  9. Name and Address of Current Registered Agent  C T CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION FL 33324  C T Country Registered Agent  C T Corporation SySTEM 1200 S. PINE ISLAND ROAD PLANTATION FL 33324  C T Corporation Figure 1 (Agent)  C T Corporation SySTEM 1200 S. PINE ISLAND ROAD PLANTATION FL 33324	ed For	TINET BIBLI DENI DENI				failing Address	o of Business	Principal Place
CULPEPER VA 22701  CULPEPER VA 22701  CULPEPER VA 22701  DO NOT WRITE IN THIS SPACE  3. Date Incorporated or Qualifed 11/02/1976  2. Principal Place of Business 2a. Mailing Address 2b. Fel Number Applie 2c. Principal Place of Business 2c. Principal Place of Business 2d. Applie 54-1031795  Not Applie 54-1031795  Not Applie 54-1031795  Suite, Apt. #, etc. 2d. Suite, Apt. #, etc. 2d. City & State Country Applie 54-1031795  Suite, Apt. #, etc. City & State Country Applie 54-1031795  Suite, Apt. #, etc. City & State City Country Applie 1200 on the current year intangible of Personal Property Tax. Yes City & State City Country Country Applie 1200 on the City Applies 1200 on the City Ap	ed For					-		
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21 26 54-1031795 Not A Suite, Aprt. #, etc.  Suite, Aprt. #, etc.  City & State  City & State  Zip  Country  Zip  Country  Zip  Country  Zip  Country  Added to F Personal Property Tax.  9. Name and Address of Current Registered Agent  CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION FL 33324  Add City  Fee Requirement of Sections 65 actions 607 0602 and 607 1508. Elected Status Desired  5. Certificate of Status Desired  6. Election Campaign Financing Trust Fund Contribution Added to F Registered  8. This co-poration owes the current year intangible Personal Property Tax.  Yes  To Name and Address of New Registered Agent  81 Name  82 Street Address (P.O. Box Number is Not Acceptable)  83 Street Address (P.O. Box Number is Not Acceptable)	ed For							
Suite, Apt. #, etc.    Suite, Apt. #, etc.     27		<u> </u>		4.		a. Mailing Address	Place of Business	2. Principal P
Street Address of Status Desired   Fee Requirement	Applicable		54-1031795			<del></del>		
City & State  6. Election Campaign Financing Added to Financing Trust Fund Contribution  Added to Financing Added to Financing Trust Fund Contribution  Added to Financing Added to Financing Trust Fund Contribution  Added to Financin			5. Certificate of Status Desired	5.		Suite, Apt. #, etc.	· ·	
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PLANTATION FL 33324  83  84 City  Fl_ 85 Zip Cod  A1 Degree to the provisions of So tions 607 0502 and 607 1508. Elocide Statutes, the above-paged concretion submits this statement for the purpose of changing its rec							CORPORATION SYSTEM	C T
84 City FI_ 85 Zip Cod			Address (P.O. Box Number is Not Acceptable)	Street Address (P	82		O S. PINE ISLAND ROAD	1200
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44 Dispuss to the application of So tions 607 0502 and 607 1508 Elevide Statutes the above paged congration submits this statement for the purpose of changing its re-	de	85 Zip Cod	FI	City	84			
11. Pursuant to file provisions of Sections of Court of Elevide State of Elevide State of Agencies and State of Elevide State	gistered	changing its re	corporation submits this statement for the nurnose of o	named corporation	tae the above	607 1509 Florida Statu	to the provisions of Continue 607 0502 as	44 Burniant
onice of registered agent, or both, in the State of Florida, Such charge was authorized by the corporation's board of director's. Thereby decopy the days	tered	intment as regis	ration's board of directors. I hereby accept the appoint	e corporation's bo	authorized by t	ida. Such change was :	registered agent, or both, in the State of Fi	office our
agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.					onda Statutes.	of, Section 607.0505, FI	am familiar with, and accept the obligations	agent. I a
SIGNATURI:  Signature, typed or printed narr e of registered agent and title if applicable. (NOTE Registered Agent signature required when reinstating)  DATE			DATE	ionature required when r	E Decuetered Agent	o if conjugable (NOT	Ol service based or positive and regardered are also	SIGNATURI:
12. ()FFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS	3 IN 12	ND DIRECTOR:						12
	☐ Addition							
NAME GARVEY, NEIL 1.2 NAME					1,2 NAME		GARVEY, NEIL	ļ
STREET ADDRESS 340 MT KEMBLE AVE 1.3 STREET ADDRESS				DDRESS			A 40 LET LICENSULE ALICE	
CITY-ST-ZIP MORRISTOWN NJ 07960 1.4 CITY-ST-ZIP								
	Addition	Change	Vice President			DELETE		
NAME WALSH, PATRICK 22 NAME Hyde, Gary C.			Hyde, Gary C.	Hyde.	2.2 NAME		**	
			• •		2.3 STREET		340 MT KEMBLE AVE	
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14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(5)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental ar nual report is true and accurate and that my signature shall have the same legal effect as if made under each; that Lars an officer or director of the corporation or the receive or trustee empowered to execute this report as required by Chapter 307, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

NAME OF SIGNING OFFICER OR DIRECTOR

Gary C. Hyde, Vice President

(540) 825-2111

Eaytime Phone #