
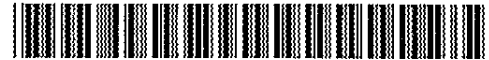


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 01, 2004 08:00 AM
Secretary of State

DOCUMENT # 839478 1. Entity Name FELDMEIER EQUIPMENT, INC.		
Principal Place of Business 6800 TOWNLINE ROAD SYRACUSE, NY 13211	Mailing Address 6800 TOWNLINE ROAD SYRACUSE, NY 13211	



03252004 No Chg-P CR2E034 (10/03)

4. FEI Number 15-0599364	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2607
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**DO NOT WRITE
IN THIS SPACE**

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 _____
Signature, typed or printed name of registered agent and title if applicable

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be
Added to Fees

000000100315
04/01/04-80002-011 150.00

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEO FELDMEIER, ROBERT H 7632 HUNT LANE FAYETTEVILLE, NY 13066
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P FELDMEIER, JOHN B 7391 BARBERRY LANE MANLIUS, NY 13104
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP FELDMEIER, ROBERT E 7257 MOTT ROAD FAYETTEVILLE, NY 13066
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S CLARK, LISA 7763 GATES ROAD MANLIUS, NY 13104
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T JACKSON, JEANNE F 4530 LIMESTONE DRIVE MANLIUS, NY 13104
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Lisa F Clark*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/29/04 315 454 8608
Date Daytime Phone #