2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 08, 2005 8:00 am
Secretary of State
07-13-2005 90018 034 ***150.00
08-08-2005 90049 039 ***400.00

DOCUMENT # 839478

1. Entity Name
FELDMEIER EQUIPMENT, INC.

Principal Place of Business	Mailing Address
6800 TOWNLINE ROAD SYRACUSE, NY 13211	6800 TOWNLINE ROAD SYRACUSE, NY 13211

DO NOT WRITE IN THIS SPACE

30060512

03172005 No Chg-P CR2E034 (10/03)

4. FEI Number
15-0599364
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301-2607

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2005 Fee will be $550.00

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

10. OFFICERS AND DIRECTORS

TITLE	CEO
NAME	FELDMEIER, ROBERT H
STREET ADDRESS	7632 HUNT LANE
CITY-ST-ZIP	FAYETTEVILLE, NY 13066
TITLE	P
NAME	FELDMEIER, JOHN B
STREET ADDRESS	~~7991 BARBERRY LANE~~ East Lake Rd
CITY-ST-ZIP	~~MANLIUS, NY 13104~~ Cazenovia, NY 13035
TITLE	VP
NAME	FELDMEIER, ROBERT E
STREET ADDRESS	7257 MOTT ROAD
CITY-ST-ZIP	FAYETTEVILLE, NY 13066
TITLE	S
NAME	CLARK, LISA
STREET ADDRESS	7763 GATES ROAD
CITY-ST-ZIP	MANLIUS, NY 13104
TITLE	T
NAME	JACKSON, JEANNE F
STREET ADDRESS	4530 LIMESTONE DRIVE
CITY-ST-ZIP	MANLIUS, NY 13104
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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 Lisa F Clark Tres. 8/4/05 3154548608
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #