


2005 FOR PROFIT CORPORATION
ANNUAL REPORT

FILED
Mar 14, 2005 08:00 AM
Secretary of State

DOCUMENT # 842335 1. Entity Name SLATTERY SKANSKA INC.	
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Principal Place of Business 16-16 WHITESTONE EXPWY 1616 WHITESTONE EXPRESSWAY WHITESTONE, NY 11357 US	Mailing Address 16-16 WHITESTONE EXPWY 1616 WHITESTONE EXPRESSWAY WHITESTONE, NY 11357 US
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03042005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 11-2022618	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION, FL 33324
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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

000000263650

03/14/05-80103-015 158.75

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GRAHAM, STUART E. 52 HARDCRABBLE RD. MENDAM, NJ
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SVCF EVANS, BARRY W. 880 EAST MEADOW AVE EAST MEADOW, NY 11554
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEO MANCINI, SALVATORE 11 LEISURE FARM DRIVE ARMONK, NY 10504
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SRVP RUSSO, RALPH V 123 BAYSIDE DRIVE ATLANTIC BEACH, NY 11509
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P LOCURTO, JOSEPH M 28 THORNGROVE LANE DIX HILLS, NY 11746
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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)(j), 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:  SR.V.P.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #