2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F00000000710

Entity Name: PASS & SEYMOUR, INC.

FILED Apr 27, 2009 Secretary of State

Current Principal Place of Business:			New Principal Place of Business:			
50 BOYD AVENUE SOLVAY, NY 13209						
Current Mailing Address:				New Mailing Address:		
ATTN: B HAYES-FINANCE			PO BOX 4822 ATTN: Z BRIGATI-FINANCE SYRACUSE, NY 13221			
FEI Number:	Number: 15-0412360 FEI Number Applied For () FEI Number		nber Not Applicable () Certificate of Status Desired ()			
Name and Address of Current Registered Agent:				Name and Address of New Registered Agent:		
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324 US 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.						
SIGNATURE:						
0.014, (1.01)		Signature of Registered Agent	:			Date
Election Campaign Financing Trust Fund Contribution ().						
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:			
Title: Name: Address: City-St-Zip:	BAZIL, OLIVER 82 RUE ROBESP	Pierre Boite Postale 37 EX, FRANCE, 93171		Title: Name: Address: City-St-Zip:	() Change ()Addition
	DP () COOK, HALSEY 50 BOYD AVENU SOLVAY, NY 132			Title: Name: Address: City-St-Zip:	() Change ()Addition
Title: Name: Address: City-St-Zip:	S () C CLARKE, JOHN 50 BOYD AVE SYRACUSE, NY	Delete 13209		Title: Name: Address: City-St-Zip:	S (X ABBA, ROSE 50 BOYD AVE SYRACUSE, N	
Title: Name: Address: City-St-Zip:	V () E JULIAN, ROBERT 60 WOODLAWN WEST HARTFOR	T ST		Title: Name: Address: City-St-Zip:	() Change () Addition
Title: Name: Address: City-St-Zip:	D () E SCHNEPP, GILLE 128 AVENUE LINOGES CEDEX			Title: Name: Address: City-St-Zip:	SCHNEPP, GI 128 AVENUE	X) Change()Addition LLES DEX, FR 87045
Title: Name: Address: City-St-Zip:	D () E SELLDORFF, JO 60 WOOLAWN S WEST HARTFOR	TREET		Title: Name: Address: City-St-Zip:	SELLDORFF, 60 WOODLAV	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ROSE ABBA S 04/27/2009