2004 FOR PROFIT CORPORATION ANNUAL REPORT

May 03, 2004 8:00 am Secretary of State DOCUMENT # F00000002590 05-03-2004 90727 048 ***150.00 THE CBORD GROUP, INC. Principal Place of Business Mailing Address 61 BROWN RD 61 BROWN RD ITHACA, NY 14850 ITHACA, NY 14850 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01302004 CR2E034 (10/03) Cha-P City & State City & State 4. EEI Number Applied For 16-1046403 Not Applicable Zip Zip Country Country \$8.75 Additional 5. Certificate of Status Desired 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent NANCY A . VER GARA BARNES, RICHARD Street Address (P.O. Box Number is Not Acceptable) 7743 HIGH PINE RD. ORLANDO, FL 32819 10221-1 VIA HIBISCUS BOCA 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 NANCY A VERGARA Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Ag nature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. After May 1, 2004 Fee will be \$550.00 Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE ☐ Delete TITLE Addition NAME ALEXANDER, JOHN NAME correction 290 ALGERINE RD. STREET ADDRESS 290 ALOFRINE RD STREET ADDRESS CITY-ST-ZIP LANSING, NY 14882 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME LANE, BRUCE NAME STREET ADDRESS 3 HUNTER LANE STREET ADORESS CITY-ST-ZIP ITHACA, NY 14850 CITY-ST-7IP TITLE ☐ Delete ☐ Change Addition TIGHE, TIMOTHY A NAME NAME STREET ADDRESS 717 MOSS HILL RD STREET ADDRESS CITY-ST-ZIP HORSEHEADS, NY 14845 CITY-ST-ZIP TITLE ☐ Delete TITI F ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

12. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(1), 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 engaged to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if

TIMOTHY A. TIGHE

with all other like empowered.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER O

changed, or on an attachment with

SIGNATURE:

FILED