


**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 21, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # F00000004047</b> 1. Entity Name F-P DISPLAYS, INC.		
Principal Place of Business 456 GLENBROOK DRIVE STAMFORD, CT 06906	Mailing Address PO BOX 810 AMHERST, NY 14226	
<b>DO NOT WRITE IN THIS SPACE</b>		



04122004 No Chg-P CR2E034 (10/03)

4. FEI Number 04-2843765	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required	

6. Name and Address of Current Registered Agent  C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324	<b>DO NOT WRITE IN THIS SPACE</b>
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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 \_\_\_\_\_

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

(NOTE: Registered Agent signature required when reissuing)

04/22/04 04-2843765-011 150.00

**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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MONTAGUE, WILLIAM 501 JOHN JAMES AUDUBON PKWY. AMHERST, NY 14228
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP GRENOLDS, RICHARD L 501 JOHN JAMES AUDUBON PKWY. AMHERST, NY 14228
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST BARBERIO, MARK G 501 JOHN JAMES AUDUBON PKWY. AMHERST, NY 14228
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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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:** \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Mark G. Barberio

4/15/04

Date

716/689-4972

Daytime Phone #