2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # E00000004248

FILED Apr 14, 2008 8:00 am Secretary of State

1. Entity Name MSK PRECISION PRODUCTS, INC.					04-14-2008 90032 038 ***150.00				
		Mailing Address 167 AMES ST	•				40067	/1 Q (2
TAMARAC, FL			ROCHESTER, NY 14611						
2. Principal P	Place of Business - No P.O. Box #	3. Mailing Address		······································					
Suite, Apt. #, etc.		Suite, Apt. #, etc.			04082008	Chg-P	CR2E034 (12/06)	
City & State		City & State	City & State		4. FEI Number 16-15886	98		<u> </u>	pplied For at Applicable
Zip	Country	Zip	Country		5. Certificate of		Fee	75 Add Require	
	6. Name and Address of Curren	t Registered Agent	Nome		7. Name and Ad	dress of New Re	gistered Ager	st	
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD			Name Street	Street Address (P.O. Box Number is Not Acceptable)					
	ION, FL 33324								
			City				FL.	Zip Cod	
	named entity submits this statement to tions of registered agent.	for the purpose of changing its	registered office	or register	ed agent, or both,	in the State of Flor	ida. I am fami	liar with.	and accept
SIGNATURE.	Signiture, typed or printed name of registered ages	et and title it applicable. (NOT	E: Registerea Agent sign	nature required	i when reinstaling)		DATE		
	E NOW!!! FEE IS \$150.00 ay 1, 2008 Fee will be \$550	9. Election Campa Trust Fund Cont		\$5 . D Add	.00 May Be ed to Fees				
10.	· OFFICERS AND	D DIRECTORS	11.			IANGES TO OFFIC		ECTOR	S IN 11
TITLE	PSD	☐ Delete	TITLE		irman of t		ا کا	Change	Addition
NAME	BRINKMAN, ROBERT		NAME	Bus	Kman, Robi	ert			
STREET ADDRESS	167 AMES STREET		STREET ADDRESS	107	4 mes st.				
CITY-ST-ZIP	ROCHESTER, NY 14611		CITY-ST-ZIP	ROO	hester, N	Y 14611			
TITLE	CFO	☐ Delete	THTLE					Change	Addition
NAME	STENGER, JAMES W		NAME	ļ					
STREET ADDRESS	167 AMES STREET		STREET ADDRESS	i					
CITY-ST-ZIP	ROCHESTER, NY 14611		CITY+ST-ZIP						
TITLE	coo	☐ Delete	TITLE		ident & C		İΣ	Change	Addition
NAME	LANIAK, ANDREW J		NAME		ak, Andr				-
STREET ADDRESS	167 AMES STREET	, 2	STREET ADDRESS	167	Ames st.				
CITY-ST-ZIP	ROCHESTER, NY 14611		CITY-ST-ZIP	ROG	Ames st. hester, N	14611			
THTLE		☐ Delete	TIFLE		,			Change	Addition
NAME			NAME.						
STREET ADDRESS			STREET ADDRESS	·					
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TITLE		☐ Delete	TITLE					Change	Addition Addition
NAME			NAME	.					
STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS CITY-ST-ZIP	'					
			-	-					<u></u>
IIILE		☐ Delete	TITLE	ļ				Change	Addition
NAME			NAME						
	ł .								
STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS CITY-ST-ZIP	;					

receipt certify that the information supplied with this filling does not quality for the exemptions contained 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 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: