

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F01000000517

FILED
Apr 06, 2009
Secretary of State

Entity Name: O'BRIEN & GERE LIMITED INC.

Current Principal Place of Business:

5000 BRITTONFIELD PARKWAY
EAST SYRACUSE, NY 13057 US

New Principal Place of Business:

Current Mailing Address:

PO BOX 4873
SYRACUSE, NY 13221 US

New Mailing Address:

FEI Number: 16-1284512 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

NRAI SERVICES, INC.
2731 EXECUTIVE PARK DRIVE - SUITE 4
WESTON, FL 33331 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: CEOD () Delete
Name: BROWN, TERRY L
Address: 605 BRIAR BROOK RUN
City-St-Zip: FAYETTEVILLE, NY 13066

Title: VP D (X) Delete
Name: STONE, DONALD E JR.
Address: 14445 18TH FAIRWAY
City-St-Zip: ALPHARETTA, GA 30201

Title: ASVP () Delete
Name: SUTPHEN, JOHN F
Address: 5100 BROCKWAY LANE
City-St-Zip: FAYETTEVILLE, NY 13066

Title: CFOD () Delete
Name: MCNULTY, JOSEPH M
Address: 315 STRATHMORE DRIVE
City-St-Zip: SYRACUSE, NY 13207

Title: VP D () Delete
Name: FOX, JAMES A
Address: 3803 GRAY LEDGE TERRACE
City-St-Zip: SYRACUSE, NY 13215

Title: VP D () Delete
Name: ROLAND, STEVEN J
Address: 10 AURYANSEN COURT
City-St-Zip: CLOSTER, NJ 07624

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: JOHN F SUTPHEN

SEC

04/06/2009

Electronic Signature of Signing Officer or Director

Date