

2006 FOR PROFIT CORPORATION REINSTATEMENT

FILED

06 JUN 26 PM 2: 56

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F02000001003					
1. Entity Name ECR DISTRIBUTION, INC.					
Principal Place of Business 85 MIDDLE ROAD DUNKIRK, NY 14048			Mailing Address 85 MIDDLE ROAD DUNKIRK, NY 14048		
2. Principal Place of Business 2201 Dwyer Ave Suite, Apt. #, etc.			3. Mailing Address 2201 Dwyer Ave Suite, Apt. #, etc.		
City & State Utica NY			City & State Utica NY		
Zip 13501		Country		Zip 13501	
				4. FEI Number 16-1490637	
				5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 <u>Cynthia L. Harris</u> Cynthia L. Harris <u>as its agent</u> <u>6/22/06</u> Signature (typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating) DATE					
FILE NOW!!! FEE IS \$900.00					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P REED, TIMOTHY R 2201 DWYER AVENUE UTICA, NY 13504	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	T. Mary Wuest 2201 Dwyer Ave Utica NY 13501	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VST LAUCHERT, JOHN J 2201 DWYER AVENUE UTICA, NY 13504	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	300077157303 07/07/06--01048--014 **900.00	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VST TOTARO, PAUL 2201 DWYER AVENUE UTICA, NY 13504	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	V5 Paul Totaro 2201 Dwyer Utica NY 13501	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AT HORBACHEWSKI, MARY E 85 MIDDLE ROAD DUNKIRK, NY 14048	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS HEAD, NOREEN 85 MIDDLE ROAD DUNKIRK, NY 14048	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>PR 6/28</u>	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
12. I hereby certify that the information supplied with this filing does not qualify 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: <u>Mary Wuest, Treasurer</u> <u>5/3/06</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					