


**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 12, 2007 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # F02000001003</b> 1. Entity Name ECR DISTRIBUTION, INC.	
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Principal Place of Business 2201 DWYER AVE UTICA, NY 13501	Mailing Address 2201 DWYER AVE UTICA, NY 13501
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**DO NOT WRITE IN THIS SPACE**



03022007 No Chg-P CR2E034 (11/05)

4. FEI Number 16-1490637	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

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 32301-2525

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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2007 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P REED, TIMOTHY R 2201 DWYER AVENUE UTICA, NY 13504
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T WUEST, MARY 2201 DWYER AVE UTICA, NY 13501
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VS TOTARO, PAUL 2201 DWYER AVENUE UTICA, NY 13504
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS HEAD, NOREEN 85 MIDDLE ROAD DUNKIRK, NY 14048
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U000000663601  
03/22/07-80010-021 150.00

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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:** Mary Wuest, Treasurer MARY WUEST 3/2/07 315-731-4103  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #