

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 26, 2003 8:00 am
Secretary of State

02-26-2003 90177 027 ***150.00

0001/04 AR

DOCUMENT # F02000001369

1. Entity Name
F. E. HALE MFG. CO.



Principal Place of Business
650 WEST GERMAN STREET
HERKIMER NY 13350

Mailing Address
P.O. BOX 751
HERKIMER NY 13350

2. Principal Place of Business
120 Benson PLACE
Suite, Apt. #, etc.

3. Mailing Address
PO Box 186
Suite, Apt. #, etc.

City & State
Frankfort, NY
Zip
13340
Country
USA

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Frankfort, NY
Zip
13340
Country
USA

4. FEI Number 15-0330340

Applied For
Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

RIDER, EDDIE
6 AUGUSTA TRAIL
PALM COAST FL 32137

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	<input type="checkbox"/> Delete
NAME	BENSON, JAMES	
STREET ADDRESS	650 WEST GERMAN STREET	
CITY-ST-ZIP	HERKIMER NY 13350	
TITLE	V	<input type="checkbox"/> Delete
NAME	BENSON, JON G	
STREET ADDRESS	650 WEST GERMAN STREET	
CITY-ST-ZIP	HERKIMER NY 13350	
TITLE	S	<input type="checkbox"/> Delete
NAME	BENSON, STELLA	
STREET ADDRESS	650 WEST GERMAN STREET	
CITY-ST-ZIP	HERKIMER NY 13350	
TITLE	T	<input type="checkbox"/> Delete
NAME	BENSON, JOHN A	
STREET ADDRESS	650 WEST GERMAN STREET	
CITY-ST-ZIP	HERKIMER NY 13350	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	120 BENSON PLACE
CITY-ST-ZIP	HerKimer, NY, 13340
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	120 Benson PLACE
CITY-ST-ZIP	HerKimer, NY 13340
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	120 Benson Place
CITY-ST-ZIP	HerKimer, NY 13340
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	120 Benson PLACE
CITY-ST-ZIP	HerKimer NY 13340
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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: James Benson President Date: Feb 22, 2003 Daytime Phone #: 315-894-5490

CR2E034 (10/02)