

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F02000005350

Entity Name: IROQUOIS SOUTH, INC.

FILED
Mar 09, 2009
Secretary of State

Current Principal Place of Business:

406 WEST STATE STREET
OLEAN, NY 14760

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 806
OLEAN, NY 14760

New Mailing Address:

FEI Number: 06-1643793

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 323012525 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: DC () Delete
Name: BRANCH, PAUL A
Address: 1309 BUCHANAN AVE.
City-St-Zip: OLEAN, NY 14760

Title: DS () Delete
Name: BRANCH-BENOLIEL, AMY L
Address: 520 EAST GRAVERS LANE
City-St-Zip: WYNDMOOR, PA 19038

Title: DTAS () Delete
Name: BRANCH, LAURIE A
Address: 304 VAN BUREN AVE.
City-St-Zip: OLEAN, NY 14760

Title: DP () Delete
Name: WARD, MATTHEW L
Address: 11202 BUCKHEAD CT.
City-St-Zip: MIDLOTHIAN, VA 23112

Title: DVP () Delete
Name: CHIAPUSO, JOSEPH G
Address: 174 1/2 NORTH UNION STREET #7
City-St-Zip: OLEAN, NY 14760

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: DVP (X) Change () Addition
Name: CHIAPUSO, JOSEPH G
Address: 1729 MOODY HOLLOW RD
City-St-Zip: ELDRED, PA 16731

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: LAURIE A BRANCH

DTAS

03/09/2009

Electronic Signature of Signing Officer or Director

_____ Date