

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F03000002149

FILED
Aug 20, 2008
Secretary of State

Entity Name: SYRACUSE METRO ABSTRACT CO., INC.

Current Principal Place of Business:

6505A BASILE ROWE
EAST SYRACUSE, NY 13057

New Principal Place of Business:

Current Mailing Address:

6505A BASILE ROWE
EAST SYRACUSE, NY 13057

New Mailing Address:

FEI Number: 16-1344207

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PRIMO, ROBERT N
901 SW MARTIN DOWNS BLVD., #200F
PALM CITY, FL 34990 US

Name and Address of New Registered Agent:

ZENS, SANDRA L
6505A BASILE ROWE
EAST SYRACUSE, NY, FL 13057 US

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: SANDRA L. ZENS

08/20/2008

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ()

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: ZENS, SANDRA L
Address: 6505A BASILE ROWE
City-St-Zip: EAST SYRACUSE, NY 13057

Title: VP () Delete
Name: PRIMO, MARY BETH
Address: 6505A BASILE ROWE
City-St-Zip: EAST SYRACUSE, NY 13057

Title: VP () Delete
Name: NESCI, TRUDY L
Address: 6505A BASILE ROWE
City-St-Zip: EAST SYRACUSE, NY 13057

Title: ST (X) Delete
Name: ZENS, DAVID
Address: 6505A BASILE ROWE
City-St-Zip: EAST SYRACUSE, NY 13057

Title: AVP (X) Delete
Name: PRIMO, STEVEN
Address: 7075 MANLIUS CENTER RD.
City-St-Zip: EAST SYRACUSE, NY 13057

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: VP (X) Change () Addition
Name: NESCI, TRUDY
Address: 6505A BASILE ROWE
City-St-Zip: EAST SYRACUSE, NY 13057

Title: ST (X) Change () Addition
Name: ZENS, DAVID
Address: 6505A BASILE ROWE
City-St-Zip: EAST SYRACUSE, NY 13057

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: SANDRA L. ZENS

PD

08/20/2008

Electronic Signature of Signing Officer or Director

Date