

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2005 8:00 am
Secretary of State

04-28-2005 90206 017 ***150.00

14005934



04182005 Chg-P CR2E034 (10/03)

4. FEI Number **11-3131437** Applied For ☐ Not Applicable ☐

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS

TITLE	VP	<input type="checkbox"/> Delete
NAME	SCHMIEDEL, CARY	
STREET ADDRESS	ONE SYMBOL PLAZA	
CITY-ST-ZIP	HOLTSVILLE, NY 117421300	
TITLE	CEOD	<input type="checkbox"/> Delete
NAME	GREENQUIST, MARK	
STREET ADDRESS	ONE SYMBOL PLAZA	
CITY-ST-ZIP	HOLTSVILLE, NY 117421300	
TITLE	VP	<input type="checkbox"/> Delete
NAME	PORRETTO, JAMES	
STREET ADDRESS	ONE SYMBOL PLAZA	
CITY-ST-ZIP	HOLTSVILLE, NY 117421300	
TITLE	PD	<input type="checkbox"/> Delete
NAME	CONBRY, JAMES M	
STREET ADDRESS	ONE SYMBOL PLAZA	
CITY-ST-ZIP	HOLTSVILLE, NY 117421300	
TITLE	S	<input type="checkbox"/> Delete
NAME	LIEB, PETER	
STREET ADDRESS	ONE SYMBOL PLAZA	
CITY-ST-ZIP	HOLTSVILLE, NY 117421300	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	VP/T	<input checked="" 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		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Conboy, James M.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	VP/S	<input checked="" 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 or without other like empowered.

SIGNATURE:

[Handwritten Signature]

James Porretto

4/22/05

631-738-2440

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #