2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 21, 2008
Secretary of State

DOCUMENT# F04000001665

Entity Name: BALLARD CONSTRUCTION, INC.

Current Principal Place of Business:

320 BRIDGE STREET
SYRACUSE, NY 27513

New Principal Place of Business:

Current Mailing Address:

320 BRIDGE STREET
SYRACUSE, NY 27513

New Mailing Address:

FEI Number: 16-0921456 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CONTRACTOR BUSINESS SERVICES, INC.
15409 US HIGHWAY 19 NORTH
HUDSON, FL 34667 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:	P	( ) Delete
Name:	BALLARD, WILLIAM F	
Address:	5045 CRANBERRY LANE	
City-St-Zip:	FAYETTEVILLE, NY 13066	
Title:	VPS	( ) Delete
Name:	RANIERI, RICHARD L	
Address:	FIKES ROAD	
City-St-Zip:	MEMPHIS, NY 13112	
Title:	VP	( ) Delete
Name:	BALLARD, FREDERICK A II	
Address:	119 SOUTHWOOD DRIVE	
City-St-Zip:	CARY, NY 27519	
Title:	VPT	( ) Delete
Name:	BALLARD, WILLIAM J	
Address:	4311 ARBUTUS DR	
City-St-Zip:	MANLIUS, NY 13104	
Title:	VP	( ) Delete
Name:	BALLARD, EDWARD B	
Address:	740 SAN ESTEBAN AVE	
City-St-Zip:	CORAL GABLES, FL 33146	

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:	( ) 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: WILLIAM J BALLARD VPT 04/21/2008

Electronic Signature of Signing Officer or Director — Date