

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F05000004438

Entity Name: NICKERSON CORPORATION

FILED
Mar 19, 2009
Secretary of State

Current Principal Place of Business:

11 MOFFITT BLVD.
BAY SHORE, NY 11706

New Principal Place of Business:

Current Mailing Address:

11 MOFFITT BLVD.
BAY SHORE, NY 11706

New Mailing Address:

FEI Number: 06-0905538

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 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: KELLER, ROBERT
Address: 92 BAYWAY AVENUE
City-St-Zip: BRIGHTWATERS, NY 11718

Title: V () Delete
Name: KELLER, STEPHANIE
Address: 11 MOFFITT BLVD
City-St-Zip: BAY SHORE, NY 11706

Title: S () Delete
Name: VENEZIANO, LOUIS
Address: 170 DUBOIS AVENUE
City-St-Zip: SEA CLIFF, NY 11759

Title: C () Delete
Name: KELLER, ROBERT
Address: 11 MOFFITT BLVD.
City-St-Zip: BAY SHORE, NY 11706

Title: VC () Delete
Name: KELLER, STEPHANIE
Address: 11 MOFFITT BLVD.
City-St-Zip: BAY SHORE, NY 11706

Title: D () Delete
Name: ROSE, RICHARD
Address: 11 MOFFITT BLVD.
City-St-Zip: BAY SHORE, NY 11706

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:

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: LOUIS VENEZIANO

SECR

03/19/2009

Electronic Signature of Signing Officer or Director

Date