

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F05000005603

FILED
Apr 20, 2007
Secretary of State

Entity Name: L. & J.G. STICKLEY, INCORPORATED

Current Principal Place of Business:

ONE STICKLEY DRIVE
MANLIUS, NY 13104

New Principal Place of Business:

ONE STICKLEY DRIVE
MANLIUS, NY 13104 US

Current Mailing Address:

PO BOX 480
MANLIUS, NY 131040480

New Mailing Address:

PO BOX 480
MANLIUS, NY 131040480 US

FEI Number: 15-0459630

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: CPT () Delete
Name: AUDI, ALFRED J
Address: ONE STICKLEY DRIVE
City-St-Zip: MANLIUS, NY 13104

Title: VCVP () Delete
Name: AUDI, AMINY I
Address: ONE STICKLEY DRIVE
City-St-Zip: MANLIUS, NY 13104

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: CPT (X) Change () Addition
Name: AUDI, ALFRED J
Address: ONE STICKLEY DRIVE
City-St-Zip: MANLIUS, NY 13104 US

Title: VCVP (X) Change () Addition
Name: AUDI, AMINY I
Address: ONE STICKLEY DRIVE
City-St-Zip: MANLIUS, NY 13104 US

Title: VCVP () Change (X) Addition
Name: AUDI, EDWARD J
Address: ONE STICKLEY DRIVE
City-St-Zip: MANLIUS, NY 13104 US

I hereby certify that the information supplied with this filing does not qualify for the 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: ALFRED J AUDI

CPT

04/20/2007

Electronic Signature of Signing Officer or Director

Date