

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 14, 2006 08:00 AM
Secretary of State

DOCUMENT # F05000007489 1. Entity Name REICHERT, INC.	
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Principal Place of Business 3374 WALDEN AVENUE DEPEW, NY 14043	Mailing Address 3374 WALDEN AVENUE DEPEW, NY 14043
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02062006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 16-1642706	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324	DO NOT WRITE IN THIS SPACE
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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, 2006 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CSD D'AMICO, BRIAN T 3374 WALDEN AVENUE DEPEW, NY 14043
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PCEO BURGESS 3374 WALDEN AVENUE DEPEW, NY 14043
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FORS, ANDREW L 3374 WALDEN AVENUE DEPEW, NY 14043
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LAZAR, ELIOT 3374 WALDEN AVENUE DEPEW, NY 14043
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D VANQORT, DOUGLAS M 3374 WALDEN AVENUE DEPEW, NY 14043
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

UD0000434149
02/24/06-80047-018 150.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 all other like empowered.

SIGNATURE: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2-6-06 716-686-451