


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 30, 2008 8:00 am
Secretary of State


01-30-2008 90039 033 ***150.00

DOCUMENT # F05000007489		
1. Entity Name REICHERT, INC.		

Principal Place of Business 3362 3374 WALDEN AVENUE DEPEW, NY 14043	Mailing Address 3362 3374 WALDEN AVENUE DEPEW, NY 14043
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2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

40014142



01212008 Chg-P CR2E034 (12/06)

4. FEI Number 16-1642706	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324		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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CSD D'AMICO, BRIAN T 3374 WALDEN AVENUE DEPEW, NY 14043 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	CS DAVID K. BEECHER 3362 WALDEN AVE DEPEW, NY 14043 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PCEO BURGESS 3374 WALDEN AVENUE DEPEW, NY 14043 <input checked="" type="checkbox"/> Delete	TITLE DV NAME STREET ADDRESS CITY-ST-ZIP	DAVID J. COONEY 3362 WALDEN AVENUE DEPEW, NY 14043 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FORS, ANDREW L 3374 WALDEN AVENUE DEPEW, NY 14043 <input checked="" type="checkbox"/> Delete	TITLE P NAME STREET ADDRESS CITY-ST-ZIP	TIMOTHY LEVINOWSKIE 3362 WALDEN AVE DEPEW, NY 14043 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LAZAR, ELIOT 3374 WALDEN AVENUE DEPEW, NY 14043 <input checked="" type="checkbox"/> Delete	TITLE V NAME STREET ADDRESS CITY-ST-ZIP	GARY K. MCKNIGHT 3362 WALDEN AVE DEPEW, NY 14043 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D VANOORT, DOUGLAS M 3374 WALDEN AVENUE DEPEW, NY 14043 <input checked="" type="checkbox"/> Delete	TITLE S NAME STREET ADDRESS CITY-ST-ZIP	JOHN KNEEN 3362 WALDEN AVE DEPEW, NY 14043 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: GARY K. MCKNIGHT 1-24-08 716.696-4501
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Dying's Phone #