


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 19, 2007 08:00 AM
Secretary of State

DOCUMENT # F06000004827
 1. Entity Name
 THE CALDWELL MANUFACTURING COMPANY



Principal Place of Business Mailing Address
 2605 MANITON ROAD P.O. BOX 92891
 ROCHESTER, NY 14624 ROCHESTER, NY 14692-8991

DO NOT WRITE IN THIS SPACE



01022007 No Chg-P CR2E034 (11/05)

4. FEI Number 16-0372360	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
 C T CORPORATION SYSTEM
 1200 SOUTH PINE ISLAND ROAD
 PLANTATION, FL 33324

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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 _____ 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, 2007 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	CHRM BOUCHER, JAMES M P.O. BOX 92891 ROCHESTER, NY 146928991
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ; CEO BOUCHER, EDWARD A P.O. BOX 92891 ROCHESTER, NY 146928991
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V EGBERTS, PETER M P.O. BOX 92891 ROCHESTER, NY 146928991
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TCFO LELIO, ROBERT J P.O. BOX 92891 ROCHESTER, NY 146928991
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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 01/22/07-80054-018 150.00

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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: Robert J. Lelio, CEO ROBERT J. LELIO 1-5-07 585-352-2888
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #