

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Sep 09, 2008 8:00 am
Secretary of State

09-09-2008 90001 037 ***150.00

DOCUMENT # F06000007430

1. Entity Name
UPPER HUDSON NATIONAL INSURANCE COMPANY



Principal Place of Business
**ONE CABLEVISION CENTER
FERNDAL, NY 12734**

Mailing Address
**PO BOX 248
FERNDAL, NY 12734**

40115432



2. Principal Place of Business - No P.O. Box #
4446 State Rte 42

3. Mailing Address
same

Suite, Apt. #, etc.

Suite B

Suite, Apt. #, etc.

07142008

Chg-P

CR2E034 (12/06)

City & State

Monticello

City & State

4. FEI Number

13-2774172 13-2774175

Applied For

Not Applicable

Zip **12701**

Country
USA

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**SHEFFIELD, GEORGE W SR
2384 SADLER ROAD
FERNANDINA BEACH, FL 32034**

7. Name and Address of New Registered Agent

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

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
Due by September 12, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

In accordance with s. 607.193(2)(b), F.S., the
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

| | |
|--|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DTS KANIEWSKI, SCOTT ONE CABLEVISION CENTER FERNDAL, NY 12734 <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DVP BERMAN, ROBERT ONE CABLEVISION CENTER FERNDAL, NY 12734 <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D BARRIGER, LINDA 198 BRIDGEVILLE ROAD MONTICELLO, NY 12701 <input checked="" type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D CLOUGH, OWEN 8210 HAVEN HARBOR WAY BRADENTON, FL 34212 <input checked="" type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D ERNSTROM, CARL 3324 CYNTHINA DRIVE BRINGHAMTON, NY 13903 <input checked="" type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| | |
|--|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D/P <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 4446 State Rte 42, Ste B Monticello, NY 12701 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 4446 State Rte 42, Ste B Monticello, NY 12701 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D/S Kaniewski, Stacey <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 4446 State Rte 42, Ste B Monticello, NY 12701 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D/T Hartmann, Lee T <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 4446 State Rte 42, Ste B Monticello, NY 12701 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D Appel, Donald <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 4446 State Rte 42, Ste B Monticello, NY 12701 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D Hopson, William <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 4446 State Rte 42, Ste B Monticello, NY 12701 |

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

9/2/08

Date

Daytime Phone #

845-796-6200

Title: D X Addition
Name: Vacco, Kelly
Address: 4446 State Rte 42, Ste B
City-St-Zip: Monticello, NY 12701