


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 05, 2008 8:00 am
Secretary of State

05-05-2008 90234 042 ***150.00

DOCUMENT # F08000000009					
1. Entity Name MARK IV GLOBAL HOLDING CORP.					
Principal Place of Business 501 JOHN JAMES AUDUBON PKWY. AMHERST, NY 14228			Mailing Address 501 JOHN JAMES AUDUBON PKWY. AMHERST, NY 14228		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 26-1448419	
Zip		Country		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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
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			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	PD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MONTAGUE, WILLIAM		NAME		
STREET ADDRESS	501 JOHN JAMES AUDUBON PKWY.		STREET ADDRESS		
CITY-ST-ZIP	AMHERST, NY 14228		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TAYLOR, THOMAS V JR.		NAME		
STREET ADDRESS	5200 TOWN CENTER CIR., SUITE 600		STREET ADDRESS		
CITY-ST-ZIP	BOCA RATON, FL 33486		CITY-ST-ZIP		
TITLE	VT	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BARBERIO, MARK		NAME		
STREET ADDRESS	501 JOHN JAMES AUDUBON PKWY.		STREET ADDRESS		
CITY-ST-ZIP	AMHERST, NY 14228		CITY-ST-ZIP		
TITLE	S ^{VP}	<input type="checkbox"/> Delete	TITLE	VICE PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STEELE, EDWARD		NAME		
STREET ADDRESS	501 JOHN JAMES AUDUBON PKWY.		STREET ADDRESS		
CITY-ST-ZIP	AMHERST, NY 14228		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WERKING, DOUG		NAME		
STREET ADDRESS	5200 TOWN CENTER CIR., SUITE 600		STREET ADDRESS		
CITY-ST-ZIP	BOCA RATON, FL 33486		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	VP and CAO	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME			NAME	Richard L. Wendt's	
STREET ADDRESS			STREET ADDRESS	501 J Audubon Pkwy	
CITY-ST-ZIP			CITY-ST-ZIP	Amherst, NY 14228	
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 empowerments.					
SIGNATURE: <u>Edward R Steele</u>		Date: <u>4/24/08</u>		Daytime Phone #: <u>(716) 689-4972</u>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					

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