

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F08000001912

FILED  
Jan 22, 2009  
Secretary of State

Entity Name: NEW YORK MERCHANTS PROTECTIVE CO., INC.

**Current Principal Place of Business:**

75 W. MERRICK RD.  
FREEPORT, NY 11520

**New Principal Place of Business:**

**Current Mailing Address:**

75 W. MERRICK RD.  
FREEPORT, NY 11520

**New Mailing Address:**

FEI Number: 11-2982540

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

WEISS, HARRIET W  
5001 COLLINS AVE., APT. 2C  
MIAMI BCH, FL 33140 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: PC ( ) Delete  
Name: WAHRSAGER, WAYNE  
Address: 75 W. MERRICK RD.  
City-St-Zip: FREEPORT, NY 11520

Title: VCS ( ) Delete  
Name: FISCHER, MARK  
Address: 75 W. MERRICK RD.  
City-St-Zip: FREEPORT, NY 11520

Title: DV ( ) Delete  
Name: WAHRSAGER, AARON  
Address: 75 W. MERRICK RD.  
City-St-Zip: FREEPORT, NY 11520

Title: TD ( ) Delete  
Name: WAHRSAGER, ERIC  
Address: 75 W. MERRICK RD.  
City-St-Zip: FREEPORT, NY 11520

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: WAYNE WAHRSAGER

PRES

01/22/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date