

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F10000004593

Entity Name: IROQUOIS LIFE, INC.

FILED  
Apr 03, 2012  
Secretary of State

**Current Principal Place of Business:**

35 W MAIN ST  
ALLEGANY, NY 14706

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 806  
OLEAN, NY 14760

**New Mailing Address:**

FEI Number: 27-1014831

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 323012525 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

**OFFICERS AND DIRECTORS:**

Title: PD  
Name: HENDRIX, MARK G  
Address: 1486 E STATE RD  
City-St-Zip: OLEAN, NY 14760

Title: VPD  
Name: CHIAPUSO, JOSEPH G  
Address: 1729 MOODY HOLLOW RD  
City-St-Zip: ELDRED, PA 16731

Title: DS  
Name: BRANCH-BENOLIEL, AMY L  
Address: 520 E GRAVERS LANE  
City-St-Zip: WYNDMOOR, PA 19038

Title: DTAS  
Name: BRANCH, LAURIE A  
Address: 304 VAN BUREN AVE  
City-St-Zip: OLEAN, NY 14760

I hereby 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 all other like empowered.

SIGNATURE: LAURIE A BRANCH

AS

04/03/2012

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

\_\_\_\_\_  
Date