

**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 30, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # F94000001703**

1. Entity Name  
**PARTECH, INC.**



Principal Place of Business

**8383 SENECA TURNPIKE  
NEW HARTFORD, NY 13413 US**

Mailing Address

**8383 SENECA TURNPIKE  
NEW HARTFORD, NY 13413 US**



04262004 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**16-1090276**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

**CT CORPORATION SYSTEM  
1200 S. PINE ISLAND RD  
PLANTATION, FL 33324**

**DO NOT WRITE  
IN THIS SPACE**

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 filed if applicable

(NOTE: Registered Agent signature required when re-registering)

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution ☐

**\$5.00 May Be  
Added to Fees**

**10. OFFICERS AND DIRECTORS**

TITLE	COB
NAME	SAMMON, JOHN W
STREET ADDRESS	8383 SENECA TURNPIKE
CITY- ST- ZIP	NEW HARTFORD, NY
TITLE	D
NAME	HANEY, J. WHITNEY
STREET ADDRESS	8383 SENECA TURNPIKE
CITY- ST- ZIP	NEW HARTFORD, NY
TITLE	D
NAME	CONSTANTINO, CHARLES A
STREET ADDRESS	8383 SENECA TURNPIKE
CITY- ST- ZIP	NEW HARTFORD, NY 134134991
TITLE	PS
NAME	CORTESE, GREGORY T
STREET ADDRESS	8383 SENECA TURNPIKE
CITY- ST- ZIP	NEW HARTFORD, NY 13413
TITLE	T
NAME	CASCIANO, RONALD
STREET ADDRESS	8383 SENECA TURNPIKE
CITY- ST- ZIP	NEW HARTFORD, NY
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

1000070145512  
05-12-04-890728-008 150.00

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:**

*Ronald Casciano - Treasurer*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

*4/28/04 (315) 738-0600*