


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 11, 2005 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
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DO NOT WRITE IN THIS SPACE



04042005 No Chg-P CR2E034 (10/03)

4. FEI Number 16-1090276	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$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
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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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>	DATE _____
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FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	COB SAMMON, JOHN W 8383 SENECA TURNPIKE NEW HARTFORD, NY
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HANEY, J. WHITNEY 8383 SENECA TURNPIKE NEW HARTFORD, NY
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CONSTANTINO, CHARLES A 8383 SENECA TURNPIKE NEW HARTFORD, NY 134134991
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PS CORTESE, GREGORY T 8383 SENECA TURNPIKE NEW HARTFORD, NY 13413
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T CASCIAO, RONALD 8383 SENECA TURNPIKE NEW HARTFORD, NY
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

UD00000298354
04/11/05-80085-007 150.00

**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)(f), 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: <u>Ronald Casciano</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	Date: <u>4/6/05</u> <small>Date</small>	Daytime Phone #: <u>(315) 738-0600</u> <small>Daytime Phone #</small>
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