


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 20, 2004 8:00 am
Secretary of State

01-20-2004 90060 009 ***150.00

DOCUMENT # F94000004825	
1. Entity Name HENDERSON-JOHNSON CO., INC.	

Principal Place of Business 918 CANAL ST. P.O. BOX 6964 SYRACUSE, NY 13217	Mailing Address 918 CANAL ST. P.O. BOX 6964 SYRACUSE, NY 13217
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44003291



01152004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 15-0336240	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent CT CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324	
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**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.	
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SIGNATURE: <u>MARTIN, LLOYD F JR.</u>	DATE: <u>1/15/04</u>
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FILE NOW!!! FEE IS \$150.00 After May 1, 2004 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 PD	NAME MARTIN, LLOYD F JR.
STREET ADDRESS 7049 WHITNEY FARMS LANE	CITY-ST-ZIP JAMESVILLE, NY
TITLE VD	NAME HENDERSON, ROBERT R
STREET ADDRESS 115 SUN HARBOR DR.	CITY-ST-ZIP LIVERPOOL, NY
TITLE STD	NAME ULATOWSKI, MARY ELLEN
STREET ADDRESS 7493 OVERLAND DR.	CITY-ST-ZIP NO. SYRACUSE, NY
TITLE D	NAME THAD M. COLLUM
STREET ADDRESS 5188 SHIRAZ LANE	CITY-ST-ZIP FAYETTEVILLE, NY 13066
TITLE	NAME
STREET ADDRESS	CITY-ST-ZIP
TITLE	NAME
STREET ADDRESS	CITY-ST-ZIP

**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.	
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SIGNATURE: <u>M. E. Ulatowski</u>	<u>M. E. Ulatowski</u>	<u>1/15/04</u>	<u>(315) 479-5561</u>
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date	Daytime Phone #