

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 05, 2007 08:00 AM
Secretary of State

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**

DO NOT WRITE IN THIS SPACE



02272007 No Chg-P CR2E034 (11/05)

4. FEI Number
15-0336240

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 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324**

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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 title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PD
MARTIN, LLOYD F JR.
7049 WHITNEY FARMS LANE
JAMESVILLE, NY**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VD
HENDERSON, ROBERT R
32 NURSERY LANE
SYRACUSE, NY 13210**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**STD
ULATOWSKI, MARY ELLEN
7493 OVERLAND DR.
NO. SYRACUSE, NY**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
THAD M. COLLUM
5188 SHIRAZ LANE
FAYETTEVILLE, NY 13066**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

000000554791
03/13/07-80078-005 150.00

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 *Mary Ellen Ulatowski*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/27/06 *315-479-5561*
Date Daytime Phone #