

**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 11, 2008 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**



02062008

No Chg-P

CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

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**

**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 title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

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 32 NURSERY LANE  
CITY-ST-ZIP SYRACUSE, NY 13210

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

000000822368  
02/19/08-80064-016 150.00

**DO NOT WRITE  
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: M.E. Ulatuski

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

M.E. ULATOWSKIE

Date

Daytime Phone #

2/6/08 (315) 479-5361