

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F94000004825

Entity Name: HENDERSON-JOHNSON CO., INC.

FILED
Feb 04, 2009
Secretary of State

Current Principal Place of Business:

918 CANAL ST.
P.O. BOX 6964
SYRACUSE, NY 13217

New Principal Place of Business:

918 CANAL ST.
SYRACUSE, NY 13217

Current Mailing Address:

918 CANAL ST.
P.O. BOX 6964
SYRACUSE, NY 13217

New Mailing Address:

FEI Number: 15-0336240 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CT CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: MARTIN, LLOYD F JR.
Address: 7049 WHITNEY FARMS LANE
City-St-Zip: JAMESVILLE, NY

Title: VD () Delete
Name: HENDERSON, ROBERT R
Address: 32 NURSERY LANE
City-St-Zip: SYRACUSE, NY 13210

Title: STD () Delete
Name: ULATOWSKI, MARY ELLEN
Address: 7493 OVERLAND DR.
City-St-Zip: NO. SYRACUSE, NY

Title: D () Delete
Name: THAD M. COLLUM,
Address: 5188 SHIRAZ LANE
City-St-Zip: FAYETTEVILLE, NY 13066

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: COLLUM, THAD M
Address: 5188 SHIRAZ LANE
City-St-Zip: FAYETTEVILLE, NY 13066

Title: VD (X) Change () Addition
Name: HENDERSON, ROBERT T
Address: 7842 HALSEY LANE
City-St-Zip: BALDWINVILLE, NY 13027

Title: STD (X) Change () Addition
Name: ULATOWSKI, MARY ELLEN
Address: 7493 OVERLAND DR.
City-St-Zip: NO. SYRACUSE, NY 13212

Title: D (X) Change () Addition
Name: MARTIN, LLOYD F JR
Address: 7049 WHITNEY FARMS LANE
City-St-Zip: JAMESVILLE, NY

Title: VD () Change (X) Addition
Name: HENDERSON, ROBERT R
Address: 32 NURSERY LANE
City-St-Zip: SYRACUSE, NY 13210

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: THAD M COLLUM

PD

02/04/2009

Electronic Signature of Signing Officer or Director

_____ Date