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PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F9500004873 (4)

CHRISTMAS CORNER, INC.

FILED May 11 1998 8:00am Secretary of State



Principal Place of Business Mailing Address ROTTERDAM INDUSTRIAL PARK BLDG 4 ROTTERDAM NY 12306 **ROTTERDAM INDUSTRIAL PARK BLDG 4 ROTTERDAM NY 12308** DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 10/09/1995 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 26 14-1751029 21 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 22 Fee Required 27 City & State \$5.00 May Be City & State 6. Election Campaign Financing 23 Trust Fund Contribution Added to Fees 28 Zφ Country Zip Country This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes ΠNo 24 25 29 30 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent Name 81 PARKS, THOMAS 8724 WEST GULF DR #311 Street Address (P.O. Box Number is Not Acceptable 955 Logger near Is SANIBEL FL 93057 **B**3 32937 Beach 11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. **SIGNATURE** Signature, typed or printed name of registored agent and title if applicable (NOTE: Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. DELETE Change TITLE 1.1 TITLE CHATNICK, GARY NAME 1.2 NAME 1033 HEGEMAN ST 1.3 STREET ADDRESS STREET ADDRESS SCHENECTADY NY 12306 CITY-ST-ZIP 1.4 City-ST-ZIP DELETE Change Addition TITLE CE0 2.1 TITLE BALDWIN, THOMAS NAME 2.2 NAME 15 PHESEANT LANE STREET ADDRESS 2.3 STREET ADDRESS MENANDS NY CITY-ST-ZIP 2. 4 CITY-ST-ZIP DELETE Change Addition TITLE 3.1 TITLE FURMAN, WILLIAM J. NAME 3.2 NAME 1357 REGENT ST STREET ADDRESS 3.3 STREET ADDRESS NISKAYUNA NY CITY-ST-ZIP 34. CITY-ST-ZIP DELETE Change Addition TITLE 4.1 TITLE 4. 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY - ST - ZIP CITY-ST-ZIP TITLE DELETE 5.1 TETLE Change ___ Addition NAME 5.2 NAME STREET ADORESS 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP Addition DELETE ☐ Change TITLE 61 TITLE NAME 62 NAME STREET ADDRESS 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP CITY-ST-ZW

14. hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, go on an attachment with an address.

CICNATURE.

William I Europe 4/29/98 (518) 357-07