

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
May 08, 1999 8:00 am
Secretary of State

05-08-1999 90079 030 ***150.00

DOCUMENT # F95000004873

1. Corporation Name
CHRISTMAS CORNER, INC.

Principal Place of Business
ROTTERDAM INDUSTRIAL PARK BLDG 4
ROTTERDAM NY 12306

Mailing Address
ROTTERDAM INDUSTRIAL PARK BLDG 4
ROTTERDAM NY 12306

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
10/09/1995

4. FEI Number
14-1751029

Applied For -
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

6. Election Campaign Financing ☐ \$5.00 May Be
Trust Fund Contribution Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 495 Rotterdam Industrial Park 26 495 Rotterdam Industrial Park

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 City & State

27 City & State

23 Schenectady NY

28 Schenectady NY

24 12306 25

29 12306 30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

PARKS, THOMAS
~~855 LOGGERSHEAD ISLAND DRIVE~~
SATELLITE BEACH FL 32937

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

526 Lanternback Island Drive

83

84 City

FL

85 Zip Code

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 registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
P
CHATNICK, GARY
1033 HEGEMAN ST
SCHENECTADY NY 12306

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP
639 SALVIA LANE
Schenectady NY 12306

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
CEO
BALDWIN, THOMAS
15 PHESEANT LANE
MENANDS NY

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP
12204

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
CFO
FURMAN, WILLIAM J.
1357 REGENT ST
NISKAYUNA NY

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP
12309

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. 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 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, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Signature and typed or printed name of signing officer or director

Date

Daytime Phone #

4/30/99 (518) 357-0716

CR2E034 (11/98)