

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

FILED

Apr 10 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F96000005139 (8)

1. Corporation Name
ANCOR, INC. OF NEW YORK

Principal Place of Business
7063 INTERSTATE ISLD RD
SYRACUSE NY 13209

Mailing Address
7063 INTERSTATE ISLD RD
SYRACUSE NY 13209-9750



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified		3a. Date of Last Report	
21 State, Apt. #, etc.		26 State, Apt. #, etc.		09/24/1996		N/A	
22 City & State		27 City & State		4. FEI Number		Applied For	
23 Zip		28 Zip		16-1249060		Not Applicable	
24 Country		29 Country		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 has liability for intangible tax under s. 199.032, Florida Statutes		☐ Yes ☒ No	

9. Name and Address of Current Registered Agent

THE PRENTICE-HALL CORPORATION SYSTEM, INC.
1201 HAYS STREET
TALLAHASSEE FL 32301

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
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 of officer or director 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	DCVS	1.1 TITLE	☐ Change ☐ Addition
NAME	ANTHONY, JOSEPH G	1.2 NAME	
STREET ADDRESS	7584 RANIA RD	1.3 STREET ADDRESS	
CITY- ST- ZIP	BALDWINVILLE NY 13027	1.4 CITY- ST- ZIP	
TITLE	PT	2.1 TITLE	☐ Change ☐ Addition
NAME	ANTHONY, THOMAS J	2.2 NAME	
STREET ADDRESS	RE #3 BOX 379	2.3 STREET ADDRESS	
CITY- ST- ZIP	FULTON NY 13069	2.4 CITY- ST- ZIP	
TITLE		3.1 TITLE	☐ Change ☐ Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY- ST- ZIP		3.4 CITY- ST- ZIP	
TITLE		4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY- ST- ZIP		4.4 CITY- ST- ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY- ST- ZIP		5.4 CITY- ST- ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY- ST- ZIP		6.4 CITY- ST- ZIP	

14. I do 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.

SIGNATURE:

Signature of officer or director

Joseph G. Anthony, VP

2-5-97

315-453-1008

Date

Daytime Phone #

0496197

CR2E034 (9/96)