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PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # F96000005139 (8)

ANCOR, INC. OF NEW YORK

FILED Jan 28 1998 8:00am Secretary of State



Principal Place of Business Mailing Address 7063 INTERSTATE ISLD RD 7063 INTERSTATE ISLD RD SYRACUSE NY 13209 SYRACUSE NY 13209 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 09/24/1996 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 16-1249060 21 26 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State \$5.00 May Be 6. Election Campaign Financing 23 28 Trust Fund Contribution Added to Fees Ζìρ Country Zìp Country This corporation owes or has paid the current year Intangible 24 30 Personal Property Tax due June 30. ☐ Yes 29 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent THE PRENTICE-HALL CORPORATION SYSTEM, INC. 81 Name 1201 HAYS STREET Street Address (P.O. Box Number is Not Acceptable) TALLAHASSEE FL 32301 83 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 DATE (NOTE: Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 DCVS TITE F DELETE 1.1 TITLE Change Addition ANTHONY, JOSEPH G NAME 1.2 NAME 7584 RANIA RD STREET ADDRESS 1.3 STREET ADDRESS **BALDWINSVILLE NY 13027** CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE Change TITLE 2.1 TITLE Addition ANTHONY, THOMAS J NAME 2.2 NAME RE #3 BOX 379 STREET ADDRESS 2.3 STREET ADDRESS **FULTON NY 13069** CITY-ST-ZIP 2. 4 CITY - ST-ZIP DELETE TITLE Change Addition 3.1 TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY-ST-ZIP DELETE ☐ Change Addition TITLE 4.1 TITLE 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE ☐ Change Addition TITLE 51 TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP

14. I hereby certify that the information surface on this annual report or Africated on this annual report or Africated on the samual report or Africated on the Stock 12 or Block 13 if changed, of the samual surface of t blied with I) is filing does not qualify for the exemption stated in Section 119.07(3)(I), Florida Statutes. I further certify that the information amental arrhual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an he receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in an attactynent with an address.

6.1 TITLE

6.3 STREET ADDRESS

SIGNATURE:

NAME STREET ADDRESS

PUIRED

DELETE

315.453.1008

Change

Addition

CR2E034