

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # F96000005775 (9)

1. Corporation Name

CARDIGAN TITLE ABSTRACT COMPANY, LTD.

Principal Place of Business

255 WASHINGTON AVE. EXTENSION  
ALBANY NY 12205

Mailing Address

255 WASHINGTON AVE. EXTENSION  
ALBANY NY 12205-5578

FILED  
Jun 11 1997 8:00am  
Secretary of State



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 30

3. Date Incorporated or Qualified

11/05/1996

3a. Date of Last Report

4. FEI Number

14-1790683

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution

☐

\$5.00 May Be  
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

BENDER, DANIEL T  
4441 SW 27TH TERRACE  
FT LAUDERDALE FL 33312

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, for term 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 registered agent and title, if applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD  
NAME GABLE, JOHN J  
STREET ADDRESS 2008 WINNERS CIRCLE  
CITY-ST-ZIP CASTLETON NY 12033

☐ DELETE

TITLE VD  
NAME BURTON, LAURA  
STREET ADDRESS 100 FITCH RD.  
CITY-ST-ZIP MECHANICVILLE NY 12188

☐ DELETE

TITLE VD  
NAME BURTON, LAURIE  
STREET ADDRESS 19 SLEEPY HOLLOW DR.  
CITY-ST-ZIP CLIFTON PARK NY 12065

☐ DELETE

TITLE STDC  
NAME CASSERLY, TIMOTHY E  
STREET ADDRESS 4 EDGE OF WOODS  
CITY-ST-ZIP LATHAM NY 12110

☐ DELETE

TITLE DC  
NAME BURKE, WALTER T  
STREET ADDRESS 2074 ORCHARD PARK DR.  
CITY-ST-ZIP NISKAYUNA NY 12309

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

☐ Change ☐ Addition

☐ Change ☐ Addition

☒ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

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

CR2E034 (9/96)