2002 UNIFORM BUSINESS REPORT (UBR)

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

May 22, 2002 8:00 am Secretary of State F96000006334 DOCUMENT # 1. Entity Name 05-22-2002 90125 031 ***150.00 APA PARTNERS, INC. Principal Place of Business Mailing Address 8 BRITISH AMERICAN BLVD 8 BRITISH AMERICAN BLVD LATHAM NY 12110 PO BOX 1506 **LATHAM NY 12110-8006** 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 16-1400976 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6-Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent INSURANCE COMMISSIONER Street Address (P.O. Box Number is Not Acceptable) CAPITOL TALLAHASSEE FL 32399-0300 Zip Code City 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 " Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State' ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. (9/04) **⊠** Delete ☐ Addition TITLE TITLE CASSIDY, GERALD J NAME NAME **25 STONEWALL LANE** STREET ADDRESS STREET ADDRESS CITY-ST-7IP **DELMAR NY 12054** CITY-ST-ZIP ☐ Addition Delete TITLE Change CANNIFF, DANIEL F NAME STREET ADDRESS 10 FIORE CIRCLE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP LATHAM NY 12110 TITLE ☐ Delete TITLE ☐ Change ☐ Addition PD NAME PEDINOTTI, GERALD A NAME STREET ADDRESS 778 DOWNING ST STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP SCHENECTADY NY 12309 ☐ Delete TITLE ☐ Change **Addition** NAME NAME John Panichi STREET ADDRESS STREET ADDRESS 10 Cole Lane CITY-ST-ZIP CITY-ST-7IP Wynantskill, NY 12198 ☐ Delete TITLE Change Addition > TITLE STD NAME NAME Edward Uttberg Jr. STREET ADDRESS STREET ADDRESS 110 Mohawk Dr. CITY-ST-ZIP CITY-ST-ZIP Schenectady, NY 12303 ☐ Delete Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP 13. 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 report or supplemental 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 11 or Block 12 if

FILED