

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 24, 2001 8:00 am
Secretary of State

07-24-2001 90041 047 ***550.00

0137373 AB

DOCUMENT # F97000001717 (19)

1. Entity Name
TRANSMATION, INC.

Principal Place of Business
**10 VANTAGE POINT DRIVE
 ROCHESTER NY 14624**

Mailing Address
**10 VANTAGE POINT DRIVE
 ROCHESTER NY 14624**

2. Principal Place of Business
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

City & State
 City & State

Zip Country Zip Country

4. FEI Number **16-0874418**

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent
**FLORIDA FILING & SEARCH SERVICES, INC.
 3260 BALDWIN DRIVE, W.
 TALLAHASSEE FL 32308**

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 City FL Zip Code

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. ☐ **FILE NOW!!! FEE IS \$550.00**
After September 12, 2001 Fee will be \$750.00
Make Check Payable to Department of State

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

11. OFFICERS AND DIRECTORS

TITLE	C	<input type="checkbox"/> Delete
NAME	KLIMASEWSKI, ROBERT G	
STREET ADDRESS	10 VANTAGE POINT DRIVE	
CITY-ST-ZIP	ROCHESTER NY 14624	
TITLE	VST	<input type="checkbox"/> Delete
NAME	MISIASZEK, JOHN A	
STREET ADDRESS	10 VANTAGE POINT DRIVE	
CITY-ST-ZIP	ROCHESTER NY 14624	
TITLE	P	<input type="checkbox"/> Delete
NAME	MCSAUDY, ERIC W	
STREET ADDRESS	10 VANTAGE PT	
CITY-ST-ZIP	ROCH NY 14624	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	C	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CORNELIUS J. MURPHY	
STREET ADDRESS	10 VANTAGE POINT DR	
CITY-ST-ZIP	ROCHESTER NY 14624	
TITLE	VST	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PETER J ADAMSKI	
STREET ADDRESS	10 VANTAGE POINT DR	
CITY-ST-ZIP	ROCHETSER NY 14624	
TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROBERT G KLIMASEWSKI	
STREET ADDRESS	10 VANTAGE PIONT DR	
CITY-ST-ZIP	ROCHESTER NY 14624	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: PETER J. ADAMSKI VST 7/13/01 716-352-2777

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (5/01)