

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

FILED
Mar 26 1998 8:00am
Secretary of State

| | | |
|---|---|---|
| PROFIT CORPORATION ANNUAL REPORT 1998 |  | FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS |
|---|---|---|

DOCUMENT # **F97000002009 (5)**
1. Corporation Name
ROSS EQUIPMENT CO., INC.



| | |
|---|---|
| Principal Place of Business PO BOX 10248 ROCHESTER NY 14610 | Mailing Address PO BOX 10248 ROCHESTER NY 14610 |
|---|---|

DO NOT WRITE IN THIS SPACE

| | |
|--|---|
| 2. Principal Place of Business 21 1320 University Ave Suite, Apt. #, etc. 22 City & State 23 Rochester, NY Zip 24 14607 Country 25 America | 2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country 30 |
|--|---|

| | | |
|--|---------------------------------------|--|
| 3. Date Incorporated or Qualified 04/17/1997 | 4. FEI Number 16-0795196 | Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required | |
| 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> | \$5.00 May Be Added to Fees | |
| 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | |

9. Name and Address of Current Registered Agent

**QUINCEY, PAUL
4207 VINELAND ROAD, STE M10
ORLANDO FL 32811**

| |
|---|
| 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: typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

| | | |
|----------------|---------------------------------|---------------------------------|
| TITLE | PCD | <input type="checkbox"/> DELETE |
| NAME | WHISENAND, STEVE | |
| STREET ADDRESS | 108 CIRCLE DRIVE | |
| CITY-ST-ZIP | SYRACUSE NY | |
| TITLE | V | <input type="checkbox"/> DELETE |
| NAME | MEYERS, BEN | |
| STREET ADDRESS | 33 DEWEY AVE | |
| CITY-ST-ZIP | FAIRPORT NY | |
| TITLE | SD | <input type="checkbox"/> DELETE |
| NAME | BOB, RICHARD | |
| STREET ADDRESS | 311 SPRUCEWOOD TERRACE | |
| CITY-ST-ZIP | WILLIAMSVILLE NY | |
| TITLE | T | <input type="checkbox"/> DELETE |
| NAME | GAMROD, LAURIE | |
| STREET ADDRESS | 4733 RICHMOND CENTER RD | |
| CITY-ST-ZIP | LIVONIA NY | |
| TITLE | CD | <input type="checkbox"/> DELETE |
| NAME | QUINCEY, JAMES | |
| STREET ADDRESS | 124 E ORCHARD RIDGE LANE | |
| CITY-ST-ZIP | BOCA RATON FL | |
| TITLE | | <input type="checkbox"/> DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| | | |
|--------------------|----------------------------------|--|
| 1.1 TITLE | C/D | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME | | |
| 1.3 STREET ADDRESS | | |
| 1.4 CITY-ST-ZIP | | |
| 2.1 TITLE | P/D | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME | Meyers, Ben | |
| 2.3 STREET ADDRESS | | |
| 2.4 CITY-ST-ZIP | | |
| 3.1 TITLE | V/D | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 NAME | | |
| 3.3 STREET ADDRESS | | |
| 3.4 CITY-ST-ZIP | | |
| 4.1 TITLE | T/S/D | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.2 NAME | | |
| 4.3 STREET ADDRESS | | |
| 4.4 CITY-ST-ZIP | | |
| 5.1 TITLE | D | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5.2 NAME | | |
| 5.3 STREET ADDRESS | 3725 East Ave | |
| 5.4 CITY-ST-ZIP | Rochester, NY 14618 | |
| 6.1 TITLE | V/D | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 6.2 NAME | Vensen, Erik | |
| 6.3 STREET ADDRESS | 60 D Whitney Ridge Rd. #4 | |
| 6.4 CITY-ST-ZIP | Fairport, NY 14450 | |

14. 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 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]

3-16-98

716-271-5600

CR2E034 (10/97)

Additions (Continued)

Title
Name
Street Address
City, State, Zip

V/D
Paul Quincey
4511 Windsmere Boulevard
Orlando, Florida 32835

Title
Name
Street Address
City, State, Zip

D
Connie Leary
42 Potter Place
Fairport, New York 14450

Title
Name
Street Address
City, State, Zip

D
Scott Clemons
8 Michigan Street
Bloomfield, New York 14469

Title
Name
Street Address
City, State, Zip

D
Ronald P. Bansbach
68 Lapham Street
Rochester, New York 14615

Title
Name
Street Address
City, State, Zip

D
Joseph Skelly
132 Jackson Creek Road
Breesport, New York 14816

Title
Name
Street Address
City, State, Zip

D
Francis Butier
91 Grayton Road
Tonawanda, New York 14150

Title
Name
Street Address
City, State, Zip

D
James Lynd
1998 Five Mile Line Road
Penfield, New York 14526