

FILED
Jul 18, 2005 8:00 am
Secretary of State

07-18-2005 90046 047 ***550.00

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # F98000001878 1. Entity Name COYNE INTERNATIONAL ENTERPRISES CORP.					
Principal Place of Business 140 CORTLAND AVENUE SYRACUSE, NY 13202			Mailing Address PO BOX 4854 SYRACUSE, NY 13221		
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 16-6040758	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent CT CORPORATION SYSTEM 1200 SOUTH PINE ISLAND RD. PLANTATION, FL FL333-24			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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW!!! FEE IS \$550.00 Due by September 7, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEOP COYNE, THOMAS M 140 CORTLAND AVENUE SYRACUSE, NY 13202 <div style="text-align: right;"><input type="checkbox"/> Delete</div>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT COYNE, THOMAS M 140 CORTLAND AVENUE SYRACUSE, NY 13202 <div style="text-align: right;"><input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition</div>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AT RYAN, RAYMOND T 140 CORTLAND AVENUE SYRACUSE, NY 13202 <div style="text-align: right;"><input type="checkbox"/> Delete</div>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	TREASURER RYAN, RAYMOND T 140 CORTLAND AVENUE SYRACUSE, NY 13202 <div style="text-align: right;"><input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition</div>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CROWLEY, THOMAS C 18 CORPORATE WOODS BLVD 4TH FL ALBANY, NY 12211 <div style="text-align: right;"><input checked="" type="checkbox"/> Delete</div>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEO GROVER FERGUSON 140 CORTLAND AVENUE SYRACUSE, N.Y. 13202 <div style="text-align: right;"><input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition</div>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP PRBEDINSKY, ALEXANDER 140 CORTLAND AVE SYRACUSE, NY 13202 <div style="text-align: right;"><input type="checkbox"/> Delete</div>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	SECRETARY POBEDINSKY, ALEXANDER 140 CORTLAND AVENUE SYRACUSE, N.Y. 13202 <div style="text-align: right;"><input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition</div>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VCFO OWEN, STEPHEN M 140 CARTLAND AVE SYRACUSE, NY 13221 <div style="text-align: right;"><input checked="" type="checkbox"/> Delete</div>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</div>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP O'CONNOR, ANTHONY F 655 AMBOY AVE B WING 2ND FL WOODBRIDGE, NJ 07095 <div style="text-align: right;"><input type="checkbox"/> Delete</div>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</div>	
12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <i>Ryan, Raymond</i> RYAN, Raymond <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<div style="text-align: right;"> 7/14/05 <small>Date</small> </div> <div style="text-align: right;"> 315-475-1626 <small>Daytime Phone #</small> </div>		

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