

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 25, 2003 8:00 am
Secretary of State

07-25-2003 90094 042 ***550.00

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1. Entity Name
COYNE INTERNATIONAL ENTERPRISES CORP.



Principal Place of Business
**712 LAKE MIRROR DR.
LAKELAND FL 33801**

Mailing Address
**140 CORTLAND AV.
PO BOX 4854
SYRACUSE NY 13221**



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business		3. Mailing Address		4. FEI Number 16-6040758		Applied For	
Suite, Apt. #, etc.		Suite, Apt. #, etc.				Not Applicable	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
Zip	Country	Zip	Country				

6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent			
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324				Name			
				Street Address (P.O. Box Number is Not Acceptable)			
				City		FL	

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

FILE NOW!!! FEE IS \$550.00
After September 10, 2003 Fee will be \$750.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE	CEOP	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	COYNE, THOMAS M		NAME				
STREET ADDRESS	140 CORTLAND AVENUE		STREET ADDRESS				
CITY-ST-ZIP	SYRACUSE NY 13202		CITY-ST-ZIP				
TITLE	AT	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	RYAN, RAYMOND T		NAME				
STREET ADDRESS	140 CORTLAND AVENUE		STREET ADDRESS				
CITY-ST-ZIP	SYRACUSE NY 13202		CITY-ST-ZIP				
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	CROWLEY, THOMAS C		NAME				
STREET ADDRESS	18 CORPORATE WOODS BLVD 4TH FL		STREET ADDRESS				
CITY-ST-ZIP	ALBANY NY 12211		CITY-ST-ZIP				
TITLE	VP	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	PRBEDINSKY, ALEXANDER		NAME				
STREET ADDRESS	140 CORTLAND AVE		STREET ADDRESS				
CITY-ST-ZIP	SYRACUSE NY 13202		CITY-ST-ZIP				
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	VP of Finance - C.F.O.	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition	
NAME	BARRETT, J. PATRICK		NAME	Stephen M. Owen			
STREET ADDRESS	4605 WATERGAP		STREET ADDRESS	140 Cortland Ave			
CITY-ST-ZIP	MANLIUS NY 13104		CITY-ST-ZIP	SYRACUSE NY 13221			
TITLE	VP	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	O'CONNOR, ANTHONY F		NAME				
STREET ADDRESS	655 AMBOY AVE B WING 2ND FL		STREET ADDRESS				
CITY-ST-ZIP	WOODBRIIDGE NJ 07095		CITY-ST-ZIP				

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: _____ **SIGNATURE REQUIRED**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR _____ Date _____ Daytime Phone # _____

CR2E034 (4/03)