

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F98000002495

FILED
Mar 26, 2009
Secretary of State

Entity Name: SYRSTONE, INC.

Current Principal Place of Business:

201 SOUTH MAIN STREET
SUITE 306
NORTH SYRACUSE, NY 13212

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 247
NORTH SYRACUSE, NY 13212

New Mailing Address:

FEI Number: 16-1010858 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LANG, MARK P
222 WEST COMSTOCK AVE., SUITE 210
WINTER PARK, FL 327902615 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: MONK, RICHARD L
Address: BOX 62
City-St-Zip: SPARKERS, NY 12166 US

Title: VP () Delete
Name: WILCKENS, JOSEPH C
Address: 1436 CO RT 23
City-St-Zip: CONSTANTIA, NY 13944 US

Title: VP () Delete
Name: LAMONICA, F. MICHAEL
Address: 761 BIGGS HIGHWAY
City-St-Zip: RISING SUN, MD 21911 US

Title: ST () Delete
Name: SCHNEIDER, CHRIS
Address: 8172 EASTWOOD ROAD
City-St-Zip: BRIDGEPORT, NY 13030 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CHRIS C SCHNEIDER

ST

03/26/2009

Electronic Signature of Signing Officer or Director

_____ Date