

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 12, 2001 8:00 am
Secretary of State

05-12-2001 90019 017 ***150.00

1035531

DOCUMENT # F99000001841

1. Entity Name
EMED CO. INC.

Principal Place of Business Mailing Address
2491 WEHRLE DRIVE **2491 WEHRLE DRIVE**
WILLIAMSVILLE NY 14221 **WILLIAMSVILLE NY 14221**

2. Principal Place of Business 3. Mailing Address
 Suite, Apt. #, etc. Suite, Apt. #, etc.
 City & State City & State

Zip Country Zip Country

4. FEI Number **16-0920413** Applied For
 Not Applicable
 5. Certificate of Status Desired **\$8.75 Additional Fee Required**



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent
C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

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. (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	STEINWACHS, PAUL C	
STREET ADDRESS	2491 WEHRLE DRIVE	
CITY-ST-ZIP	WILLIAMSVILLE NY	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	STEINWACHS, DONALD E	
STREET ADDRESS	2491 WEHRLE DRIVE	
CITY-ST-ZIP	WILLIAMSVILLE NY	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	STEINWACHS, MARY C	
STREET ADDRESS	2491 WEHRLE DRIVE	
CITY-ST-ZIP	WILLIAMSVILLE NY	
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		

TITLE	Michael J. Montalbano	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	2491 Wehrle Drive	
STREET ADDRESS	Williamsville NY 14221	
CITY-ST-ZIP	PD	
TITLE	VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Jeffrey P. Steinwachs	
STREET ADDRESS	2491 Wehrle Drive	
CITY-ST-ZIP	Williamsville NY 14221	
TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Kevin Flanagan	
STREET ADDRESS	2491 Wehrle Drive	
CITY-ST-ZIP	Williamsville NY 14221	
TITLE	Y	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Kathleen A Brunner	
STREET ADDRESS	2491 Wehrle Drive	
CITY-ST-ZIP	Williamsville NY 14221	
TITLE	VS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	J. William Meehan	
STREET ADDRESS	2491 Wehrle Drive	
CITY-ST-ZIP	Williamsville NY 14221	
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: *Michael J. Montalbano* **Michael J Montalbano** Date: **4/24/01** Daytime Phone #: **716-626-1616**

CR2E034 (10/00)