

2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# F99000003760

Entity Name: HI-LITE MARKINGS, INC.

FILED
Jan 06, 2003
Secretary of State

Current Principal Place of Business:

PO BOX 460
ADAMS CENTER, NY 13606

New Principal Place of Business:

18249 HI-LITE DRIVE
ADAMS CENTER, NY 13606

Current Mailing Address:

PO BOX 460
ADAMS CENTER, NY 13606

New Mailing Address:

FEI Number: 16-1381276 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 323012525 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: VP () Delete
Name: MCNEELY, LINDA A
Address: 12556 NY STATE RD 3
City-St-Zip: SACKETS HARBOR, NY 13685

Title: VS/S () Delete
Name: MCNEELY, RHONDA M
Address: 28 N PARK STREET
City-St-Zip: ADAMS, NY 13605

Title: PP () Delete
Name: MCNEELY, JOHN S
Address: RR1 BOX 45BB
City-St-Zip: NATURAL BRIDGE, NY 13665

Title: VOP () Delete
Name: MCNEELY, RICHARD C JR
Address: 12556 NY STATE ROUTE 3
City-St-Zip: SACKETS HARBOR, NY 13685

Title: V/T () Delete
Name: MCNEELY, RICHARD C III
Address: 28 N PARL STREET
City-St-Zip: ADAMS, NY 13605

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: VP/S (X) Change () Addition
Name: MCNEELY, RHONDA M
Address: 28 N PARK STREET
City-St-Zip: ADAMS, NY 13605

Title: P (X) Change () Addition
Name: MCNEELY, JOHN S
Address: RR1 BOX 45BB
City-St-Zip: NATURAL BRIDGE, NY 13665

Title: VP (X) Change () Addition
Name: MCNEELY, RICHARD C JR
Address: 12556 NY STATE ROUTE 3
City-St-Zip: SACKETS HARBOR, NY 13685

Title: VP/T (X) Change () Addition
Name: MCNEELY, RICHARD C III
Address: 28 N PARL STREET
City-St-Zip: ADAMS, NY 13605

I hereby certify that the information supplied with this filing does not qualify for the 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 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: JOHN S MCNEELY

Electronic Signature of Signing Officer or Director

PRES

01/06/2003

Date