

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 31, 2000 8:00 am**  
**Secretary of State**

05-31-2000 90068 022 \*\*\*150.00

**DOCUMENT #** G30131  
**1. Entity Name**

**CHICAGO CUTLERY, INC.**

<b>Principal Place of Business</b>	<b>Mailing Address</b>
1536 BEECH STREET PO BOX 4066 TERRE HAUTE IN 47804 US	1536 BEECH STREET PO BOX 4066 TERRE HAUTE IN 47804

<b>2. Principal Place of Business</b>	<b>3. Mailing Address</b>
ONE PYREX PLACE Suite, Apt. #, etc. PO BOX 1555 City & State ELMIRA, NEW YORK Zip 14902 Country CHEMUNG	ONE PYREX PLACE Suite, Apt. #, etc. PO BOX 1555 City & State ELMIRA, NEW YORK Zip 14902 Country CHEMUNG

DO NOT WRITE IN THIS SPACE

<b>4. FEI Number</b>	<b>Applied For</b>
41-1462222	Not Applicable

<b>5. Certificate of Status Desired</b>	<input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>
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<b>6. Name and Address of Current Registered Agent</b>	<b>7. Name and Address of New Registered Agent</b>
CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE FL 32301	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** \_\_\_\_\_  
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) **DATE** \_\_\_\_\_

<b>9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.</b> (See criteria on back) <input checked="" type="checkbox"/>	<b>FILE NOW!!! FEE IS \$150.00</b> <b>After MAY 1, 2000 Fee will be \$550.00</b> <b>Make Check Payable to Department of State</b>	<b>10. Election Campaign Financing Trust Fund Contribution.</b> <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
<b>TITLE</b>	<b>NAME</b>	<b>TITLE</b>	<b>NAME</b>
PD	SAXTON, PAUL A	PRESIDENT, DIRECTOR	NATHANIEL STODDARD
STREET ADDRESS	96 ALLENDALE	STREET ADDRESS	ONE PYREX PLACE
CITY - ST - ZIP	TERRE HAUTE IN	CITY - ST - ZIP	ELMIRA, NEW YORK 14902
<input checked="" type="checkbox"/> Delete		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
<b>TITLE</b>	<b>NAME</b>	<b>TITLE</b>	<b>NAME</b>
VDT	SCALES, MARK S	TREASURER	JAMES M. BRANNICK
STREET ADDRESS	7413 S WESTWOOD LN	STREET ADDRESS	945 OAK HILL DRIVE
CITY - ST - ZIP	TERRE HAUTE IN 47802	CITY - ST - ZIP	ELMIRA, NEW YORK 14905
<input checked="" type="checkbox"/> Delete		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
<b>TITLE</b>	<b>NAME</b>	<b>TITLE</b>	<b>NAME</b>
DS	KULLA, RAYMOND J.	SECRETARY, DIRECTOR	KULLA, RAYMOND J.
STREET ADDRESS	4172 CART PATH CT	STREET ADDRESS	423 EAST SENECA STREET
CITY - ST - ZIP	TERRE HAUTE IN 47802	CITY - ST - ZIP	ITHACA, NY 14850
<input type="checkbox"/> Delete		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b>	<b>NAME</b>	<b>TITLE</b>	<b>NAME</b>
		CFO, DIRECTOR	ANTHONY P. DEASEY
STREET ADDRESS		STREET ADDRESS	11 WOOD'S LAND
CITY - ST - ZIP		CITY - ST - ZIP	ELMIRA, NY 14905
<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
<b>TITLE</b>	<b>NAME</b>	<b>TITLE</b>	<b>NAME</b>
STREET ADDRESS		STREET ADDRESS	
CITY - ST - ZIP		CITY - ST - ZIP	
<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	

**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:** James Brannick **4/28/00** **(607) 377-8763**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #