

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 27, 1999 8:00 am
Secretary of State

04-27-1999 90152 018 ***150.00

DOCUMENT # L02255

1. Corporation Name
BATCH-AIR, INC.

Principal Place of Business
P.O. BOX 2216
SCHENECTADY NY 12301-2216

Mailing Address
P.O. BOX 2216
SCHENECTADY NY 12301-2216

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

07/17/1989

4. FEI Number

NOT APPLICABLE

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year intangible
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CT CORPORATION SYSTEM
1200 SP PINE ISLAND RD
PLANTATION FL 33324

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12.

OFFICERS AND DIRECTORS

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CD	1.1 TITLE	VAT
NAME	TORBECK, THEODORE H	1.2 NAME	BARBARA A. MELITA
STREET ADDRESS	ONE NEUMANN WAY, MAIL DROP F-114	1.3 STREET ADDRESS	12 CORPORATE WOODS BLVD.
CITY-STATE-ZIP	CINCINNATI OH 45215-6301	1.4 CITY-STATE-ZIP	ALBANY, NY 12211
TITLE	VD	2.1 TITLE	
NAME	BORNSTEIN, JEFFREY S	2.2 NAME	
STREET ADDRESS	ONE NEUMANN WAY, MAIL DROP F-114	2.3 STREET ADDRESS	
CITY-STATE-ZIP	CINCINNATI OH 45215-6301	2.4 CITY-STATE-ZIP	
TITLE	T	3.1 TITLE	
NAME	DUNNING, STEVEN	3.2 NAME	
STREET ADDRESS	ONE NEUMANN WAY, MAIL DROP F-114	3.3 STREET ADDRESS	
CITY-STATE-ZIP	CINCINNATI OH 45215-6301	3.4 CITY-STATE-ZIP	
TITLE	S	4.1 TITLE	
NAME	HENDERSON, STEPHEN P	4.2 NAME	
STREET ADDRESS	ONE NEUMANN WAY, MAIL DROP F-114	4.3 STREET ADDRESS	
CITY-STATE-ZIP	CINCINNATI OH 45215-6301	4.4 CITY-STATE-ZIP	
TITLE	AS	5.1 TITLE	
NAME	STAUTBERG, ELIZABETH A	5.2 NAME	
STREET ADDRESS	ONE NEUMANN WAY, MAIL DROP F-114	5.3 STREET ADDRESS	
CITY-STATE-ZIP	CINCINNATI OH 45215-6301	5.4 CITY-STATE-ZIP	
TITLE	VAT	6.1 TITLE	
NAME	BUCHANAN, MARK	6.2 NAME	
STREET ADDRESS	12 CORPORATE WOODS BLVD.	6.3 STREET ADDRESS	
CITY-STATE-ZIP	ALBANY NY 12211	6.4 CITY-STATE-ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.073(1), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with a letter like empowered.

SIGNATURE: *Barbara A. Melita*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

BARBARA A. MELITA
VP & ASST. TREAS.

4/21/99

Date

Daytime Phone #

CR2E034 (11/98)