

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 24, 2000 8:00 am**  
**Secretary of State**

05-24-2000 90064 027 \*\*\*150.00

**DOCUMENT # L02255**

1. Entity Name

**BATCH-AIR, INC.**

Principal Place of Business

Mailing Address

P.O. BOX 2216  
 SCHENECTADY NY 12301-2216

P.O. BOX 2216  
 SCHENECTADY NY 12301-2216



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**NOT APPLICABLE**

Applied For  
 Not Applicable

Zip Country Zip Country

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**CT CORPORATION SYSTEM  
 1200 SP PINE ISLAND RD.  
 PLANTATION FL 33324**

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

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, 2000 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	CD	<input type="checkbox"/> Delete
NAME	TORBECK, THEODORE H	
STREET ADDRESS	ONE NEUMANN WAY, MAIL DROP F-114	
CITY-ST-ZIP	CINCINNATI OH 45215-6301	
TITLE	VD	<input type="checkbox"/> Delete
NAME	BORNSTEIN, JEFFREY S	
STREET ADDRESS	ONE NEUMANN WAY, MAIL DROP F-114	
CITY-ST-ZIP	CINCINNATI OH 45215-6301	
TITLE	T	<input type="checkbox"/> Delete
NAME	DUNNING, STEVEN	
STREET ADDRESS	ONE NEUMANN WAY, MAIL DROP F-114	
CITY-ST-ZIP	CINCINNATI OH 45215-6301	
TITLE	S	<input type="checkbox"/> Delete
NAME	HENDERSON, STEPHEN P	
STREET ADDRESS	ONE NEUMANN WAY, MAIL DROP F-114	
CITY-ST-ZIP	CINCINNATI OH 45215-6301	
TITLE	AS	<input type="checkbox"/> Delete
NAME	STAUTBERG, ELIZABETH A	
STREET ADDRESS	ONE NEUMANN WAY, MAIL DROP F-114	
CITY-ST-ZIP	CINCINNATI OH 45215-6301	
TITLE	VAT	<input type="checkbox"/> Delete
NAME	BUCHANAN, MARK	
STREET ADDRESS	12 CORPORATE WOODS BLVD.	
CITY-ST-ZIP	ALBANY NY 12211	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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:** *Mark Buchanan* **MARK BUCHANAN** **4/27/00** **(518) 433-4308**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

FILED