

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M98000001597

1. Entity Name

TELMARK LLC

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 FEB -4 AM 9:55

Principal Place of Business

333 BUTTERNUT DRIVE
DEWITT NY 13214

Mailing Address

333 BUTTERNUT DRIVE
DEWITT NY 13214-1803

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

16-1551523

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State

9. MANAGING MEMBERS / MEMBERS

10. ADDITIONS / CHANGES

TITLE MGR
NAME EDINGER, DANIEL J
STREET ADDRESS 8 LANDGROVE DRIVE
CITY-ST-ZIP FAYETTVILLE NY 13066

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
9000003128459--0
-02/09/00--01001--026
*****50.00 *****50.00

TITLE MGR
NAME GILBERT, ANDREW J
STREET ADDRESS BOX 517 ST. HWY 72
CITY-ST-ZIP POTSDAM NY 13676

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE MGR
NAME MINOR, SAMUEL F
STREET ADDRESS RD #2 BOX 243
CITY-ST-ZIP WASHINGTON PA 15301

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE MGR
NAME O'NEILL, PETER J
STREET ADDRESS 4884 FIRETHORN CIR.
CITY-ST-ZIP MANLIUS NY 13104

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE MGR
NAME VAN SLYKE, GARY K
STREET ADDRESS 5633 GRIFFITH ROAD
CITY-ST-ZIP PORTAGEVILLE NY 14536

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE MGR
NAME YOUNG, WILLIAM W
STREET ADDRESS 800 CO. RD. 27
CITY-ST-ZIP CLIFTON SPRINGS NY 14432

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

Date

Daytime Phone #

MARTIN P. FRANKENFELD, PRES TELMARK 1/12/00