

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 07, 2002 8:00 am
Secretary of State

02-07-2002 90171 030 ****50.00

DOCUMENT # M98000001597

1. Entity Name
TELMARK LLC

Principal Place of Business

**333 BUTTERNUT DRIVE
 DEWITT NY 13214**

Mailing Address

**333 BUTTERNUT DRIVE
 DEWITT NY 13214**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **16-1551523**

Applied For

Not Applicable

5. Certificate of Status Desired ☐ **\$5.00 Additional Fee Required**

6. Name and Address of Current Registered Agent

**C T CORPORATION SYSTEM
 1200 SOUTH PINE ISLAND ROAD
 PLANTATION FL 33324**

7. Name and Address of New Registered Agent

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
Due By May 1, 2002

9. MANAGING MEMBERS/MANAGERS

TITLE **MGR** ☐ Delete
 NAME **EDINGER, DANIEL J**
 STREET ADDRESS **8 LANDGROVE DRIVE**
 CITY-ST-ZIP **FAYETTEVILLE NY 13066**

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

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

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

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

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

10. ADDITIONS/CHANGES

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **MGR** ☒ Change ☐ Addition
 NAME **O'NEILL, PETER J**
 STREET ADDRESS **5065 Highbridge Lane**
 CITY-ST-ZIP **Fayetteville, NY 13066** **ADDRESS ONLY**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 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: *Martin P. Frankenfield* **MARTIN P. FRANKENFIELD** **ASST. TREASURER**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date 2/4/02 Daytime Phone #

CR2E083 (9/01)