## 2003 LIMITED LIABILITY COMPANY

## Jan 16, 2003 8:00 am UNIFORM BUSINESS REPORT (UBR) **Secretary of State** DOCUMENT # M98000001597 01-16-2003 90234 024 \*\*\*\*50 00 TELMARK LLC Mailing Address Principal Place of Business 333 BUTTERNUT DRIVE 333 BUTTERNUT DRIVE DEWITT NY 13214 **DEWITT NY 13214** 3. Mailing Address 2. Principal Place of Business CHECK HERE IF MAKING CHANGES Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For 4. FEI Number 16-1551523 - Not Applicable City & State City & State \$5.00 Additional 5. Certificate of Status Desired Country Fee Required Zip Country Zip 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324 Zip Code City 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. I am familiar with, and accept the obligations of registered agent. DATE (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable. FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2003 ADDITIONS/CHANGES 10. ☐ Addition MANAGING MEMBERS/MANAGERS ☐ Change 9. TITLE Delete MGR TITLE NAME EDINGER, DANIEL J STREET ADDRESS NAME **8 LANDGROVE DRIVE** STREET ADDRESS CITY-ST-ZIP ☐ Addition ☐ Change FAYETTVILLE NY 13066 CITY-ST-ZIP TITLE ☐ Delete MGR TITLE NAME GILBERT, ANDREW J. STREET ADDRESS NAME BOX 517 ST. HWY 72 STREET ADDRESS CITY-ST-ZIP ☐ Addition ☐ Change CITY-ST-ZIP POTSDAM NY 13676 TITLE ☐ Delete MGR TITLE NAME MINOR, SAMUEL F NAME STREET ADDRESS RD #2 BOX 243 STREET ADDRESS CITY-ST-ZIP ☐ Addition Change WASHINGTON PA 15301 CITY-ST-ZIP TITLE ☐ Delete MGR TITI F NAME O'NEILL, PETER J STREET ADDRESS NAME 5065 HIGHBRIDGE LANE STREET ADDRESS CITY-ST-ZIP Addition Change FAYETTEVILLE NY 13066 CITY-ST-ZIP MGR Edwin C. Whitehead 71 Popple SwampRood TITLE Delete TITLE NAME VAN SLYKE, GARY K STREET ADDRESS NAME 5633 GRIFFITH ROAD STREET ADDRESS CITY-ST-ZIP ☐ Addition PORTAGEVILLE NY 14536 CITY-ST-ZIP TITLE ☐ Delete MGR TITLE NAME YOUNG, WILLIAM W STREET ADDRESS NAME CITY-ST-ZIP STREET ADDRESS 800 CO. RD. 27

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 enhancement to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

FILED