## 2007 FOR PROFIT CORPORATION FILED **ANNUAL REPORT** Jul 10, 2007 08:00 AM DOCUMENT # P04238 **Secretary of State** 1. Entity Name **GLEASON CORPORATION** Principal Place of Business Mailing Address 4629 RUE BAYOU 4045 FAIRMOUNT ST ATT: PL KURAS SANIBEL, FL 33957 WATERFORD, MI 48328 07062007 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 38-2295703 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent GLEASON, CHARLES C. DO NOT WRITE 4629 RUE BAYOU SANIBEL, FL 33957 IN THIS SPACE 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. Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. FILE NOW!!! FEE IS \$150.00 \$5,00 May Be Trust Fund Contribution. Added to Fees Due by September 14, 2007 OFFICERS AND DIRECTORS 10. TITLE GLEASON, JANET M. NAME STREET ADDRESS 4629 RUE BAYOU U00000767609 07/10/07-80011-014 150.00 CITY-ST-ZIP SANIBEL, FL 33957 TITLE STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

ITTLE
NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE
NAME
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CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/7/07 70/6-867.0274

IN THIS SPACE