

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P11000032502

FILED  
May 11, 2012  
Secretary of State

Entity Name: ORE PROPERTY TWO, INC.

**Current Principal Place of Business:**

2450 MAITLAND CENTER PARKWAY  
SUITE 302  
MAITLAND, FL 32751

**New Principal Place of Business:**

5 SARNOWSKI DR  
GLENVILLE, NY 12302

**Current Mailing Address:**

2450 MAITLAND CENTER PARKWAY  
SUITE 302  
MAITLAND, FL 32751

**New Mailing Address:**

5 SARNOWSKI DR  
GLENVILLE, NY 12302

FEI Number: 45-3509419

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

**Name and Address of Current Registered Agent:**

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 32301 US

**Name and Address of New Registered Agent:**

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:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: DVT  
Name: CUSHING, ROBERT T  
Address: 5 SARNOWSKI DR  
City-St-Zip: GLENVILLE, NY 12302

Title: DP  
Name: MCCORMICK, ROBERT J  
Address: 5 SARNOWSKI DR  
City-St-Zip: GLENVILLE, NY 12302

Title: CEO  
Name: MCCORMICK, ROBERT J  
Address: 5 SARNOWSKI DR  
City-St-Zip: GLENVILLE, NY 12302

Title: DV  
Name: SALVADOR, SCOT R  
Address: 5 SARNOWSKI DR  
City-St-Zip: GLENVILLE, NY 12302

Title: S  
Name: LEONARD, ROBERT M  
Address: 5 SARNOWSKI DR  
City-St-Zip: GLENVILLE, NY 12302

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: ROBERT M LEONARD

S

05/11/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date