

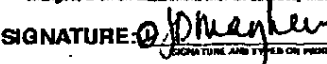
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Jun 02, 2003 8:00 am
Secretary of State

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2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

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DOCUMENT # P13225			
1. Entity Name GRANITE PROFESSIONAL AND TECHNICAL SERVICES, INC.			
Principal Place of Business 140 NO MAIN STREET SUMMERVILLE, SC 29484-2640 US		Mailing Address P.O. BOX 2216 SCHENECTADY, NY 12301-2216 US	
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 52-1371068		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐		Additional Fee Required \$8.75	
6. Name and Address of Current Registered Agent CT CORPORATION SYSTEM 1200 S. 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. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE 		DATE	
9. Election Campaign Financing Trust Fund Contribution ☐		Additional Fee \$5.00 May Be Added to Fee	
10. OFFICERS AND DIRECTORS			
10A. ☐ Delete		10B. ☐ Change ☒ Addition	
TITLE	P	TITLE	J DAWN MAYHEW
NAME	SULLIVAN, JOHN L.	NAME	12 CORPORATE WOODS BLVD
STREET ADDRESS	140 N. MAIN STREET	STREET ADDRESS	ALBANY, NY 12211
CITY-ST-ZIP	SUMMERVILLE, SC	CITY-ST-ZIP	VP/ASST TREAS
TITLE	SO	TITLE	
NAME	GOLLIHER, RICHARD D.	NAME	
STREET ADDRESS	140 N. MAIN ST.	STREET ADDRESS	
CITY-ST-ZIP	SUMMERVILLE, SC 29484	CITY-ST-ZIP	
TITLE	D	TITLE	
NAME	LAMBERT, JACK L.	NAME	
STREET ADDRESS	140 MAIN STREET	STREET ADDRESS	
CITY-ST-ZIP	SUMMERVILLE, SC 29484	CITY-ST-ZIP	
TITLE	VP	TITLE	
NAME	BUCHANAN, MARK E.	NAME	
STREET ADDRESS	12 CORPORATE WOODS BOULEVARD	STREET ADDRESS	
CITY-ST-ZIP	ALBANY, NY 12211	CITY-ST-ZIP	
TITLE	VD	TITLE	
NAME	HARVEY, RICHARD L.	NAME	
STREET ADDRESS	140 NORTH MAIN ST	STREET ADDRESS	
CITY-ST-ZIP	SUMMERVILLE, SC 29484	CITY-ST-ZIP	
TITLE	VAT	TITLE	
NAME	MELITA, BARBARA A.	NAME	
STREET ADDRESS	12 CORPORATE WOODS BLVD.	STREET ADDRESS	
CITY-ST-ZIP	ALBANY, NY 12211	CITY-ST-ZIP	
12. 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 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 Book 10 or Book 1111, changed, or on an attachment with an address, with all other like empowered.			
SIGNATURE: 		J DAWN MAYHEW 4/22/03 518-433-4431	