2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P19090

Entity Name: BARRY, BETTE & LED DUKE, INC.

FILED Jan 29, 2004 Secretary of State

Current Principal Place of Business:	New Principal Place of Business:
--------------------------------------	----------------------------------

302 WASHINGTON AVE. EXT ALBANY, NY 12203 US

Current Mailing Address: New Mailing Address:

P O BOX 12789 ALBANY, NY 122122789 US

FEI Number: 16-1015031 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

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

CFRA, LLC ONE HARBOUR PLACE, 5TH FLOOR 777 SOUTH HARBOUR ISLAND BLVD. TAMPA, FL 336025730 US

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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Delete Title: (X) Change () Addition DUKE, DONALD R LED LED DUKE, DONALD R Name: Name: 76 NORMANSKILL RD 76 NORMANSKILL RD Address: Address:

City-St-Zip: VOORHEESVILE, NY City-St-Zip: VOORHEESVILE, NY 12186 US

Title: Title: ST () Delete (X) Change () Addition Name: BETTE, MICHAEL Name: TRIGGER, PAUL J

26 EAST RIDGE GRAND BOULEVARD Address: Address: LOUDONVILLE, NY 12211 SCHENECTADY, NY 12309 US City-St-Zip: City-St-Zip:

() Delete Title: Title: (X) Change () Addition OBERMAYER, STEPHEN OBERMAYER, STEPHEN Name: Name:

504 VICTORY CIRCLE BERKSHIRE DRIVE Address: Address:

City-St-Zip: BALLSTON SPA, NY City-St-Zip: BALLSTON SPA, NY 12020 US

Title: () Delete Title: (X) Change () Addition

GLEASON, KEVIN GLEASON, KEVIN Name: Name: Address: P O BOX 14552 Address: P O BOX 14552 City-St-Zip: City-St-Zip: ALBANY, NY ALBANY, NY US

I hereby certify that the information supplied with this filing does not qualify for the 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 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 an address, with all other like empowered.

SIGNATURE: STEPHEN OBERMAYER **CFO** 01/29/2004