

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P19090

FILED
Mar 24, 2009
Secretary of State

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

Current Principal Place of Business:

302 WASHINGTON AVE. EXT
ALBANY, NY 12203 US

New Principal Place of Business:

Current Mailing Address:

P O BOX 12789
ALBANY, NY 122122789 US

New Mailing Address:

FEI Number: 16-1015031

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CFRA, LLC
CORPORATE CENTER THREE AT INT'L PLAZA
4221 W. BOY SCOUT BLVD, 10TH FLOOR
TAMPA, FL 336075736 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: LED DUKE, DONALD R
Address: 76 NORMANSKILL RD
City-St-Zip: VOORHEESVILLE, NY 12186 US

Title: D () Delete
Name: TRIGGER, PAUL J
Address: GRAND BOULEVARD
City-St-Zip: SCHENECTADY, NY 12309 US

Title: D () Delete
Name: OBERMAYER, STEPHEN
Address: BERKSHIRE DRIVE
City-St-Zip: BALLSTON SPA, NY 12020 US

Title: D () Delete
Name: GLEASON, KEVIN
Address: P O BOX 14552
City-St-Zip: ALBANY, NY US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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

OFFI

03/24/2009

Electronic Signature of Signing Officer or Director

Date