FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT

1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

95 MAY -1 AM 4:57

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P26712** **(0)**

1. Corporation Name

GALESI MANAGEMENT CORPORATION

Principal Place of Business	Mailing Address
ROTTERDAM INDUSTRIAL PARK WESTCOTT RD BLDG 6 SCHENECTADY NY 12306	ROTTERDAM INDUSTRIAL PARK WESTCOTT RD BLDG 6 SCHENECTADY NY 12306

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **11/02/1989**

3a. Date of Last Report: **05/01/1994**

2. Principal Place of Business (21)

2a. Mailing Address (26)

Suite Apt. # etc (22) (27)

City & State (23) (28)

Zip (24) Country (25) Zip (29) Country (30)

4. FEI Number: **14-1717033** ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. The corporation has liability for intangible tax under S. 199.032, Florida Statutes ☑ Yes ☐ No

9. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Section 607.1622 (2) (a), Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. The change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of Section 607.325, Florida Statutes.

SIGNATURE

12. OFFICERS AND DIRECTORS		13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS IN '95	
TITLE	PD	TITLE	☐ Change ☐ Addition
NAME	GALESI, FRANCESCO	NAME	
STREET ADDRESS	P O BOX 98, VAN BUREN RD	STREET ADDRESS	
CITY-ST-ZIP	GUILDERLAND CTR NY	CITY-ST-ZIP	
TITLE	VD	TITLE	☐ Change ☐ Addition
NAME	BUCKO, DAVID	NAME	
STREET ADDRESS	P O BOX 98, VAN BUREN RD	STREET ADDRESS	
CITY-ST-ZIP	GUILDERLAND CTR NY	CITY-ST-ZIP	
TITLE	TV	TITLE	☐ Change ☐ Addition
NAME	TRIMARCHI, DENNIS	NAME	
STREET ADDRESS	P O BOX 98, VAN BUREN RD	STREET ADDRESS	
CITY-ST-ZIP	GUILDERLAND CTR NY	CITY-ST-ZIP	
TITLE	S	TITLE	☐ Change ☐ Addition
NAME	HENNINGAN, GERALD	NAME	
STREET ADDRESS	P O BOX 98, VAN BUREN RD	STREET ADDRESS	
CITY-ST-ZIP	GUILDERLAND CTR NY	CITY-ST-ZIP	
TITLE	V	TITLE	☐ Change ☐ Addition
NAME	RONKESE, FRANK	NAME	
STREET ADDRESS	P. O. BOX 98, VAN BUREN RD	STREET ADDRESS	
CITY-ST-ZIP	GUILDERLAND CENTER NY	CITY-ST-ZIP	
TITLE		TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is complete, accurate and does not qualify for the exemptions stated in Section 119.07(3)(i), Florida Statutes. I further certify that the corporation named on the annual report or reinstatement (annual report) is true and correct 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 12 or Block 13 above or on an attachment with an address.

SIGNATURE: VP 1/12/95

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date

0444420 FN