

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED
May 21 1997 8:00am
Secretary of State

| | | |
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| PROFIT CORPORATION ANNUAL REPORT 1997 |  | FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS |
|--|---|--|

DOCUMENT # P26712 (0)
1. Corporation Name
GALESI MANAGEMENT CORPORATION



| | |
|--|--|
| Principal Place of Business ROTTERDAM INDUSTRIAL PARK WESTCOTT RD BLDG 6 SCHENECTADY NY 12306 | Mailing Address ROTTERDAM INDUSTRIAL PARK WESTCOTT RD BLDG 6 SCHENECTADY NY 12306 |
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| | |
|---|---------------------------------------|
| 3. Date Incorporated or Qualified 11/02/1989 | 3a. Date of Last Report 05/01/1996 |
| 4. FEI Number 14-1717033 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
| 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> | \$5.00 May Be Added to Fees |
| 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | |

| | |
|---|--|
| 2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country | 2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country |
|---|--|

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 |
| 85 Zip Code |

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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. Such 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 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|----------------------------|----------------------------|---|---|
| TITLE | PD | 1.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | GALESI, FRANCESCO | 1.2 NAME | |
| STREET ADDRESS | P O BOX 98, VAN BUREN RD | 1.3 STREET ADDRESS | |
| CITY-ST-ZIP | GUILDERLAND CTR NY | 1.4 CITY-ST-ZIP | |
| TITLE | VD | 2.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | BUICKO, DAVID | 2.2 NAME | |
| STREET ADDRESS | P O BOX 98, VAN BUREN RD | 2.3 STREET ADDRESS | |
| CITY-ST-ZIP | GUILDERLAND CTR NY | 2.4 CITY-ST-ZIP | |
| TITLE | TV | 3.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | TRIMARCHI, DENNIS | 3.2 NAME | |
| STREET ADDRESS | P O BOX 98, VAN BUREN RD | 3.3 STREET ADDRESS | |
| CITY-ST-ZIP | GUILDERLAND CTR NY | 3.4 CITY-ST-ZIP | |
| TITLE | S | 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | HENNINGAN, GERALD | 4.2 NAME | |
| STREET ADDRESS | P O BOX 98, VAN BUREN RD | 4.3 STREET ADDRESS | |
| CITY-ST-ZIP | GUILDERLAND CTR NY | 4.4 CITY-ST-ZIP | |
| TITLE | V | 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | RONKESE, FRANK | 5.2 NAME | |
| STREET ADDRESS | P. O. BOX 98, VAN BUREN RD | 5.3 STREET ADDRESS | |
| CITY-ST-ZIP | GUILDERLAND CENTER NY | 5.4 CITY-ST-ZIP | |
| TITLE | | 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 6.2 NAME | |
| STREET ADDRESS | | 6.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 6.4 CITY-ST-ZIP | |

14. I do 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 annual report or supplemental annual 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 Block 12 or Block 13 if changed, on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/96)



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State

May 5, 1997

GALESI MANAGEMENT CORPORATION
ROTTERDAM INDUSTRIAL PARK
WESTCOTT RD BLDG 6
SCHENECTADY, NY 12306

SUBJECT: GALESI MANAGEMENT CORPORATION
Ref. Number: P26712

We have received your check(s) totaling \$165.00; however it cannot be processed and is being returned for the following:

There was not a completed annual report form submitted with your check. The enclosed form must be completed in its entirety and resubmitted with the filing fee.

If you have additional questions or need further assistance, please call the Division of Corporations at (904) 488-9000.

ANNUAL REPORTS SECTION

Letter number: 797A00023574

/cs

We erroneously mailed check without return in late April. When we called they informed us to not mail the return and wait for the check to be returned. They assured us we would not be penalized if we waited for the check to be returned & mailed the check & return together.

5/05/87

CORPORATE DETAIL RECORD SCREEN

4:41 PM

NUM: P26712 ST:NY ACTIVE/FOREIGN PROF FLD: 11/02/1989

FEI#: 14-1717033

NAME : GALESI MANAGEMENT CORPORATION

PRINCIPAL: ROTTERDAM INDUSTRIAL PARK

CHANGED: 03/11/92

ADDRESS WESTCOTT RD BLDG 6

SCHENECTADY, NY 12306

RA NAME : CT CORPORATION SYSTEM

NAME CHG: 03/11/92

RA ADDR : 1200 S. PINE ISLAND ROAD

ADDR CHG: 03/11/92

PLANTATION, FL 33324

ANN REP : (1994) B 05/01/94 (1995) BY 05/01/95 (1996) BY 05/01/96

1. MENU, 3. OFFICERS, 7. LIST, 8. NEXT, 9. PREV

ENTER SELECTION AND CR: