


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

FILED
Apr 15 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P28608 (8)
1. Corporation Name
O'BRIEN & GERE OPERATIONS, INC.



Principal Place of Business 5000 BRITTONFIELD PARKWAY P.O. BOX 4762 SYRACUSE NY 13221	Mailing Address 5000 BRITTONFIELD PARKWAY P.O. BOX 4762 SYRACUSE NY 13221
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DO NOT WRITE IN THIS SPACE

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		3. Date Incorporated or Qualified 03/23/1990	
4. FEI Number 16-1230050		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		7. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> 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	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL

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	CO LOVELAND, JOHN R. <input type="checkbox"/> DELETE	1.1 TITLE	Secretary <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LOVELAND, JOHN R.	1.2 NAME	Kuruc, Stephen A. Jr.
STREET ADDRESS	150 CEDAR HEIGHTS DRIVE	1.3 STREET ADDRESS	4951 Harvest Lane
CITY-ST-ZIP	JAMESVILLE NY	1.4 CITY-ST-ZIP	Liverpool, NY 13088
TITLE	D ELANDER, RICHARD L. <input checked="" type="checkbox"/> DELETE	2.1 TITLE	Director <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ELANDER, RICHARD L.	2.2 NAME	Murphy, Cornelius B., Jr.
STREET ADDRESS	3613 MELVIN DR S	2.3 STREET ADDRESS	4454 Kasson Road
CITY-ST-ZIP	BALDWINVILLE NY	2.4 CITY-ST-ZIP	Syracuse, NY 13215
TITLE	P MCMASTER, PETER W. <input type="checkbox"/> DELETE	3.1 TITLE	Director <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MCMASTER, PETER W.	3.2 NAME	Rest, George B.
STREET ADDRESS	7190 FARNHAM RD	3.3 STREET ADDRESS	5911 33rd Street, NW
CITY-ST-ZIP	MEMPHIS NY	3.4 CITY-ST-ZIP	Washington, DC 20015
TITLE	TD JOHNSON, PETER C. <input type="checkbox"/> DELETE	4.1 TITLE	Director <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JOHNSON, PETER C.	4.2 NAME	Johnson, Peter C.
STREET ADDRESS	1512 N. BEECHAM DRIVE	4.3 STREET ADDRESS	1512 N. Beecham Drive
CITY-ST-ZIP	AMBLER PA	4.4 CITY-ST-ZIP	Ambler, PA 19002
TITLE	D HALLEY, EDWARD M. <input checked="" type="checkbox"/> DELETE	5.1 TITLE	Treasurer <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HALLEY, EDWARD M.	5.2 NAME	McNulty, Joseph M.
STREET ADDRESS	5804 SWARTHMORE DRIVE	5.3 STREET ADDRESS	7329 Lakeshore Road
CITY-ST-ZIP	COLLEGE PARK MD	5.4 CITY-ST-ZIP	Cicero, NY 13039
TITLE	D KIRSCH, GARY N. <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KIRSCH, GARY N.	6.2 NAME	
STREET ADDRESS	2022 DEER RUN RD	6.3 STREET ADDRESS	
CITY-ST-ZIP	LAFAYETTE NY	6.4 CITY-ST-ZIP	

14. 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 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, or on an attachment with an address.

SIGNATURE:  Secretary

4/15/98

215/427-6100

CR2E034 (10/97)