

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Mar 01, 1999 8:00 am
Secretary of State

03-01-1999 90197 007 ***150.00

DOCUMENT # P28608

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

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/23/1990

4. FEI Number

16-1230050

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. This corporation owes the current year Intangible
Personal Property Tax.

☐ 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 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 ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP
CD
LOVELAND, JOHN R.
150 CEDAR HEIGHTS DRIVE
JAMESVILLE NY

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
MURPHY, CORNELIUS B JR
4454 KASSON RD
SYRACUSE NY 13215

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP
P
MCMASTER, PETER W
7190 FARNHAM RD
MEMPHIS NY

3.1 TITLE ☒ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP
President & Director
McMaster, Peter W.
7190 Farmham Road
Memphis, NY 13112

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
JOHNSON, PETER C.
1512 N. BEECHAM DRIVE
AMBLER PA 19002

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP
T
MCNULTY, JOSEPH M
7329 LAKESHORE RD
CICERO NY 13039

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE ☒ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
KIRSCH, GARY N.
2022 DEER RUN RD
LAYFAYETTE NY

6.1 TITLE ☐ Change ☒ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP
Secretary
Stephen A. Kuruc, Jr.
4951 Harvest Lane
Liverpool, NY 13088

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, with all other like empowered.

SIGNATURE:

Stephen A. Kuruc, Jr.

Stephen A. Kuruc, Jr., Secretary (315)437-6400

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (1/98)