

**2000 UNIFORM BUSINESS REPORT (UBR)****DOCUMENT # P28608**

1. Entity Name

**O'BRIEN & GERE OPERATIONS, INC.****FILED****Mar 15, 2000 8:00 am**  
**Secretary of State**

03-15-2000 90025 046 \*\*\*150.00

Principal Place of Business

Mailing Address

**5000 BRITTONFIELD PARKWAY  
P.O. BOX 4762  
SYRACUSE NY 13221****5000 BRITTONFIELD PARKWAY  
P.O. BOX 4762  
SYRACUSE NY 13221-4762**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

4. FEI Number

**16-1230050**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐**\$8.75** Additional  
Fee Required**6. Name and Address of Current Registered Agent****7. Name and Address of New Registered Agent****CT CORPORATION SYSTEM  
1200 S. PINE ISLAND ROAD  
PLANTATION FL 33324**

Name

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

City

**FL**

Zip Code

8. 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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible  
Tax filing requirement and elects to do so.  
(See criteria on back) ☐**FILE NOW!!! FEE IS \$150.00  
After MAY 1, 2000 Fee will be \$550.00  
Make Check Payable to Department of State**10. Election Campaign Financing  
Trust Fund Contribution. ☐**\$5.00** May Be  
Added to Fees**11. OFFICERS AND DIRECTORS****12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**TITLE **CD** ☒ Delete  
NAME **LOVELAND, JOHN R.**  
STREET ADDRESS **150 CEDAR HEIGHTS DRIVE**  
CITY-ST-ZIP **JAMESVILLE NY**TITLE **C VP D** ☒ Change ☐ Addition  
NAME **Stone, Jr., Stone E.**  
STREET ADDRESS **14445 18th Fairway**  
CITY-ST-ZIP **Alpharetta, GA 30201** ☐ Change ☐ AdditionTITLE **D** ☐ Delete  
NAME **MURPHY, CORNELIUS B JR**  
STREET ADDRESS **4454 KASSON RD**  
CITY-ST-ZIP **SYRACUSE NY 13215**TITLE **PD** ☐ Delete  
NAME **MCMASTER, PETER W**  
STREET ADDRESS **7190 FARNHAM RD**  
CITY-ST-ZIP **MEMPHIS NY**TITLE **PD** ☐ Delete  
NAME **MCMASTER, PETER W**  
STREET ADDRESS **7190 FARNHAM RD**  
CITY-ST-ZIP **MEMPHIS NY**TITLE **S D** ☒ Change ☐ Addition  
NAME **Johnson, Peter C.**  
STREET ADDRESS **1512 N. Beecham Drive**  
CITY-ST-ZIP **Ambler, PA 19002**TITLE **D** ☐ Delete  
NAME **JOHNSON, PETER C.**  
STREET ADDRESS **1512 N. BEECHAM DRIVE**  
CITY-ST-ZIP **AMBLER PA 19002**TITLE **VP T** ☒ Change ☐ Addition  
NAME **McNulty, Joseph M.**  
STREET ADDRESS **7329 Lakeshore Road**  
CITY-ST-ZIP **Cicero, NY 13039**TITLE **T** ☐ Delete  
NAME **M McNULTY, JOSEPH M**  
STREET ADDRESS **7329 LAKESHORE RD**  
CITY-ST-ZIP **CICERO NY 13039**TITLE **S** ☒ Delete  
NAME **KURUC, STEPHEN A JR**  
STREET ADDRESS **4951 HARVEST LANE**  
CITY-ST-ZIP **LIVERPOOL NY 13088**TITLE **S** ☒ Delete  
NAME **KURUC, STEPHEN A JR**  
STREET ADDRESS **4951 HARVEST LANE**  
CITY-ST-ZIP **LIVERPOOL NY 13088**TITLE **D** ☐ Change ☒ Addition  
NAME **Brown, Terry L.**  
STREET ADDRESS **7831 Karakul Lane**  
CITY-ST-ZIP **Fayetteville, NY 13066**

13. 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:***John F. Sutphen***John F. Sutphen****3/6/00****(315)437-6400**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**Asst. Secretary**

Date

Daytime Phone #

CR2E034 (9/99)