

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # **P28645** (0)

1. Corporation Name

**O'BRIEN & GERE LABORATORIES, INC.**



Principal Place of Business

Mailing Address

**5000 BRITTONFIELD PARKWAY  
P.O. BOX 4942  
SYRACUSE NY 13221**

**5000 BRITTONFIELD PARKWAY  
P.O. BOX 4942  
SYRACUSE NY 13221**

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

**03/27/1990**

3a. Date of Last Report

**04/14/1995**

4. FEI Number

**16-1272341**

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 has liability for intangible tax under s. 199.032,  
Florida Statutes

☐ Yes

☐ No

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 if not applicable, (NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>LOVELAND, JOHN R.</b>	
STREET ADDRESS	<b>150 CEDAR HEIGHTS DR.</b>	
CITY-ST-ZIP	<b>JAMESVILLE NY</b>	
TITLE	<b>CD</b>	<input type="checkbox"/> DELETE
NAME	<b>MURPHY, CORNELIUS B., JR</b>	
STREET ADDRESS	<b>4454 KASSON ROAD</b>	
CITY-ST-ZIP	<b>SYRACUSE NY</b>	
TITLE	<b>TD</b>	<input type="checkbox"/> DELETE
NAME	<b>JOHNSON, PETER C.</b>	
STREET ADDRESS	<b>1512 N. BEECHAM DRIVE</b>	
CITY-ST-ZIP	<b>AMBLER PA</b>	
TITLE	<b>VD</b>	<input type="checkbox"/> DELETE
NAME	<b>HILL, DAVID R.</b>	
STREET ADDRESS	<b>705 STANDISH DRIVE</b>	
CITY-ST-ZIP	<b>SYRACUSE NY</b>	
TITLE	<b>PD</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>TIFFT, EDWIN C., JR.</b>	
STREET ADDRESS	<b>221 WINDCREST DRIVE</b>	
CITY-ST-ZIP	<b>CAMILLUS NY</b>	
TITLE	<b>D</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>GIDLOW, BRIEN N.</b>	
STREET ADDRESS	<b>9 COLLIN AVENUE</b>	
CITY-ST-ZIP	<b>FAYETTEVILLE NY</b>	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	<b>P/D</b>
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: **Stephen A. Kuruc, Jr./Secretary**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**(315)437-6100**

CR2E034 (12/95)

**O'BRIEN & GERE LABORATORIES, INC.  
DIRECTORS AND OFFICERS**

Cornelius B. Murphy, Jr.	Chairman of the Board Director	4454 Kasson Road Syracuse, NY 13215
Peter C. Johnson	Treasurer & Director	1512 North Beecham Drive Ambler, PA 19002
David R. Hill	President & Director	705 Standish Drive Syracuse, NY 13224
John R. Loveland	Director	150 Cedar Heights Drive Jamesville, NY 13078
Gary N. Kirsch	Director	2022 Deer Run Road LaFayette, NY 13084
Swiatoslav W. Kaczmar	Vice President	400 Scottholm Boulevard Syracuse, NY 13224
Stephen A. Kuruc, Jr.	Secretary	4951 Harvest Lane Liverpool, NY 13088
Joseph M. McNulty	Assistant Treasurer	7329 Lakeshore Road Cicero, NY 13039
Dennis S. Lerner	Assistant Secretary	106 Scottholm Boulevard Syracuse, NY 13224