

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P35656

1. Entity Name

O'BRIEN & GERE TECHNICAL SERVICES, INC.

FILED
Mar 20, 2000 8:00 am
Secretary of State

03-20-2000 90001 019 ***150.00

Principal Place of Business

Mailing Address

5000 BRITTONFIELD PARKWAY
EAST SYRACUSE NY 13057

5000 BRITTONFIELD PARKWAY
EAST SYRACUSE NY 13057-9200

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **22-2387569**

Applied For

Not Applicable

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	C	<input checked="" type="checkbox"/> Delete
NAME	MURPHY, CORNELIUS B, DR	
STREET ADDRESS	4454 KASSON ROAD	
CITY-ST-ZIP	SYRACUSE NY	
TITLE	P	<input type="checkbox"/> Delete
NAME	BROWN, TERRY L.	
STREET ADDRESS	7831 KARAKUL LANE	
CITY-ST-ZIP	FAYETTEVILLE NY	
TITLE	T	<input type="checkbox"/> Delete
NAME	JOHNSON, PETER C.	
STREET ADDRESS	1512 N. BEECHAM DRIVE	
CITY-ST-ZIP	AMBLER PA	
TITLE	AT	<input type="checkbox"/> Delete
NAME	MCNULTY, JOSEPH M	
STREET ADDRESS	7329 LAKESHORE ROAD	
CITY-ST-ZIP	CICERO NY	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	KURUC, STEPHEN A., JR.	
STREET ADDRESS	4951 HARVEST LANE	
CITY-ST-ZIP	LIVERPOOL NY	
TITLE	D	<input type="checkbox"/> Delete
NAME	LOVELAND, JOHN R	
STREET ADDRESS	150 CEDAR HEIGHTS DR	
CITY-ST-ZIP	JAMESVILLE NY	

TITLE	C	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Brown, Terry L.	
STREET ADDRESS	7831 Karakul Lane	
CITY-ST-ZIP	Fayetteville, NY 13066	
TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Fox, James A.	
STREET ADDRESS	3803 Gray Ledge Terrace	
CITY-ST-ZIP	Syracuse, NY 13215	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Johnson, Peter C.	
STREET ADDRESS	1512 North Beecham Drive	
CITY-ST-ZIP	Ambler, PA 19002	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNED OFFICER OR DIRECTOR

James A. Fox, President (315)437-6400

2/14/00

Date

Daytime Phone #

CR2E034 (9/99)