

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **P38513 (8)**
1. Corporation Name
BIRDAIR, INC.



Principal Place of Business: **65 LAWRENCE BELL DRIVE AMHERST NY 14221**
Mailing Address: **65 LAWRENCE BELL DRIVE AMHERST NY 14221**

3. Date Incorporated or Qualified: **04/27/1992**
3a. Date of Last Report: **01/23/1995**
4. FEI Number: **16-1244477**
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

2. Principal Place of Business: 21 State, Apt. #, etc.; 22 City & State; 23 Zip; 24 Country; 25
2a. Mailing Address: 26 State, Apt. #, etc.; 27 City & State; 28 Zip; 29 Country; 30

9. Name and Address of Current Registered Agent

**C T CORPORATION SYSTEM
1200 SOUTH 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

12. OFFICERS AND DIRECTORS
11. TITLE: DELETE
NAME: **PD NEWMAN, JAMES L. JR.**
STREET ADDRESS: **65 LAWRENCE BELL DR AMHERST NY**
CITY, ST, ZIP: **AMHERST NY**
12. TITLE: DELETE
NAME: **VST DUNCAN, JON**
STREET ADDRESS: **65 LAWRENCE BELL DR AMHERST NY**
CITY, ST, ZIP: **AMHERST NY**
13. TITLE: DELETE
NAME: **D EVERETT, WILLIAM**
STREET ADDRESS: **701 DANIEL WEBSTER HWY. MERRIMACK NH**
CITY, ST, ZIP: **D**
14. TITLE: DELETE
NAME: **D TOSHIKTSU, SHIMIZU**
STREET ADDRESS: **4-8-4 KIGAWA-HIGASHI OSKA JA**
CITY, ST, ZIP: **D**
15. TITLE: DELETE
NAME: **D KUME, YASUO**
STREET ADDRESS: **3-22-1 HIGASHIYAMA TOKYO JA**
CITY, ST, ZIP: **D**
16. TITLE: DELETE
NAME: **D NOMURA, MOTONOBU**
STREET ADDRESS: **3-22-1 HIGASHIYAMA TOKYO, JAPAN**
CITY, ST, ZIP: **D**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
11. TITLE: **Director (only)** Change Addition
12. NAME: **Newman, James L. Jr.**
13. STREET ADDRESS: **6633 Main Street**
14. CITY, ST, ZIP: **Williamsville, NY 14221**
15. TITLE: **President & Director** Change Addition
16. NAME: **Jon R. Duncan**
17. STREET ADDRESS: **65 Lawrence Bell Drive**
18. CITY, ST, ZIP: **Amherst, NY 14221**
19. TITLE: Change Addition
20. NAME: Change Addition
21. STREET ADDRESS: Change Addition
22. CITY, ST, ZIP: Change Addition
23. TITLE: Change Addition
24. NAME: Change Addition
25. STREET ADDRESS: Change Addition
26. CITY, ST, ZIP: Change Addition

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 after-filing with an address.

SIGNATURE:

[Handwritten Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/11/96

716 633-9500

CR2E034 (12/95)