

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

FILED

**Feb 17 1997 8:00am
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
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 14221-7075**

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 04/27/1992	3a. Date of Last Report 02/20/1996
21	Suite, Apt. # etc.	26	Suite, Apt. #, etc.	4. FEI Number 16-1244477	Applied For <input type="checkbox"/> Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24	Country	29	Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent	
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324				81	Name
				82	Street Address (P.O. Box Number is Not Acceptable)
				83	
				84	City
					85 Zip Code FL

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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input checked="" type="checkbox"/> DELETE	1.1 TITLE	Vice President/Secretary <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	NEWMAN, JAMES L. JR.	1.2 NAME	Becker, Garry L.
STREET ADDRESS	6633 MAIN STREET	1.3 STREET ADDRESS	65 Lawrence Bell Drive
CITY-ST-ZIP	WILLIAMSVILLE NY	1.4 CITY-ST-ZIP	Amherst, NY 14221
TITLE	PD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DUNCAN, JON	2.2 NAME	
STREET ADDRESS	65 LAWRENCE BELL DR	2.3 STREET ADDRESS	
CITY-ST-ZIP	AMHERST NY	2.4 CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> DELETE	3.1 TITLE	Director <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	EVERETT, WILLIAM	3.2 NAME	Cushman, Michael P.
STREET ADDRESS	701 DANIEL WEBSTER HWY.	3.3 STREET ADDRESS	701 Daniel Webster Hwy.
CITY-ST-ZIP	MERRIMACK NH	3.4 CITY-ST-ZIP	Merrimack, NH 03054
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TOSHIKTSU, SHIMIZU	4.2 NAME	
STREET ADDRESS	4-8-4 KIGAWA-HIGASHI	4.3 STREET ADDRESS	
CITY-ST-ZIP	OSKA JA	4.4 CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> DELETE	5.1 TITLE	Director <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	KUME, YASUO	5.2 NAME	Yabuno, Masatoshi
STREET ADDRESS	3-22-1 HIGASHIYAMA	5.3 STREET ADDRESS	4-8-4 Higashiyama, Meguro-ku
CITY-ST-ZIP	TOKYO JA	5.4 CITY-ST-ZIP	Osaka, Japan 532
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NOMURA, MOTONOBU	6.2 NAME	
STREET ADDRESS	3-22-1 HIGASHIYAMA	6.3 STREET ADDRESS	
CITY-ST-ZIP	TOKYO, JAPAN	6.4 CITY-ST-ZIP	

14. I do 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 11 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: _____ **REQUIRED** **Jon R. Duncan, President** 2/11/97 716-633-9500

CR2E034 (9/96)