

**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jan 20, 2004 8:00 am**  
**Secretary of State**

01-20-2004 90061 001 \*\*\*158.75



**DOCUMENT # P38513**  
 1. Entity Name  
**BIRDAIR, INC.**

Principal Place of Business  
**65 LAWRENCE BELL DRIVE  
 AMHERST, NY 14221**

Mailing Address  
**65 LAWRENCE BELL DRIVE  
 AMHERST, NY 14221**

2. Principal Place of Business  
 Suite, Apt. #, etc.

3. Mailing Address  
 Suite, Apt. #, etc.

City & State

Zip Country

01092004 Chg-P CR2E034 (10/03)

4. FEI Number  
**16-1244477**

Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$8.75** Additional Fee Required



**6. Name and Address of Current Registered Agent**

**C T CORPORATION SYSTEM  
 1200 SOUTH PINE ISLAND ROAD  
 PLANTATION, FL 33324**

**7. Name and Address of New Registered Agent**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE	VPS	<input checked="" type="checkbox"/> Delete
NAME	BECKER, GARRY L.	
STREET ADDRESS	65 LAWRENCE BELL DR	
CITY-ST-ZIP	AMHERST, NY	
TITLE	PD	<input type="checkbox"/> Delete
NAME	KOMATSU, SHINJI	
STREET ADDRESS	65 LAWRENCE BELL DR	
CITY-ST-ZIP	BUFFALO, NY 14221	
TITLE	D	<input type="checkbox"/> Delete
NAME	DECK, HOWARD	
STREET ADDRESS	701 DANIEL WEBSTER HWY	
CITY-ST-ZIP	MERRIMACK, NH 03054	
TITLE	D	<input type="checkbox"/> Delete
NAME	TALENORI, NAKAHARA	
STREET ADDRESS	4-8-4 KIGAWA-HIGASHI	
CITY-ST-ZIP	YODOGAWA-KU, OSAKA, JA 532	
TITLE	D	<input type="checkbox"/> Delete
NAME	KONO, YASUYUKI	
STREET ADDRESS	3-22-1 HIGASHIYAMA, MEGURO-KU	
CITY-ST-ZIP	OSAKA, JA	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	NOMURA, MOTONOBU	
STREET ADDRESS	3-22-1 HIGASHIYAMA	
CITY-ST-ZIP	TOKYO, JAPAN,	

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE	VPS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WILLIAM O. FIELDS	
STREET ADDRESS	65 LAWRENCE BELL DR	
CITY-ST-ZIP	AMHERST, NY 14221	
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		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** \_\_\_\_\_ **1/9/04** **(716) 633-9500**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #