

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 15, 2002 8:00 am
Secretary of State

05-15-2002 90088 027 ***158.75

DOCUMENT # P46000009356

1. Entity Name
IROQUOIS SOUTHEAST INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 406 WEST STATE STREET		3. Mailing Address P.O. BOX 806	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State OLEAN		City & State OLEAN	
4. FEI Number 65-0693892	Applied For <input type="checkbox"/> Not Applicable		
Zip 14760	Country CATTARAUGUS	Zip 14760	Country CATTARAUGUS
5. Certificate of Status Desired <input checked="" type="checkbox"/>		\$8.75 Additional Fee Required	

DO NOT WRITE IN THIS SPACE

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name **THE PRENTICE-HALL CORPORATION SYSTEM, INC**

Street Address (P.O. Box Number is Not Acceptable)
1201 HAYS STREET, SUITE 105

City **TALLAHASSEE** FL Zip Code **32301**

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 _____ (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) <input type="checkbox"/>	January 1 - May 1 Fee is \$150.00 After May 1, Fee is \$550.00 Amended UBR is \$61.25 Make Check Payable to Department of State	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
---	--	---	-----------------------------

11. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C BRANCH, PAUL M 1309 BUCHANAN AVENUE OLEAN, NY 14760	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD BRANCH, WILLIAM A 1235-E EAST BLVD BOX 240 CHARLOTTE NC 28203	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ASTD BRANCH, LAURIE A 304 VAN BUREN AVENUE OLEAN, NY 14760	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD CHIAPUSO, JOSEPH G 106 SOUTH SHORE ROAD CUBA, NY 14727	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD REITER, MIKE 2804 DEL PRADO BLVD STE 201 CAPE CORAL FL	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE 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 on an attachment with an address, with all other like empowered.

SIGNATURE: *William A Branch* **5/1/02**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034B (12/01)