

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P97000039639

FILED  
Apr 29, 2008  
Secretary of State

Entity Name: VETERANS SUPPLY COMPANY, INC.

## Current Principal Place of Business:

344 NORTH ST  
ROCHESTER, NY 14605

## New Principal Place of Business:

595 EASTBROOKE LN  
ROCHESTER, NY 14618

## Current Mailing Address:

595 EASTBROOKE  
ROCHESTER, NY 14618

## New Mailing Address:

595 EASTBROOKE LN  
ROCHESTER, NY 14618

FEI Number: 59-3444488

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

LISKA, CHARLES M  
6300 NORTH WICKHAM RD.  
SUITE 130  
MELBOURNE, FL 32940 US

## Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PT ( ) Delete  
Name: KAREN, POON  
Address: 607 EASTBROOKE LN  
City-St-Zip: ROCHESTER, NY 14618

Title: VP ( ) Delete  
Name: CHAN, CHI  
Address: 119 LEAH WAY  
City-St-Zip: PARSIPPANY, NJ 07051 US

Title: TREA (X) Delete  
Name: WONG, STEPHEN  
Address: 595 EASTBROOKE LN  
City-St-Zip: ROCHESTER, NY 14618 US

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: KAREN POON

PT

04/29/2008

Electronic Signature of Signing Officer or Director

Date