

2008 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# P97000039639

FILED
May 08, 2008
Secretary of State**Entity Name:** VETERANS SUPPLY COMPANY, INC.**Current Principal Place of Business:**595 EASTBROOKE LN
ROCHESTER, NY 14618**New Principal Place of Business:****Current Mailing Address:**595 EASTBROOKE LN
ROCHESTER, NY 14618**New Mailing Address:****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:**INCorp SERVICES, INC.
17888 67TH COURT NORTH
LOXAHATCHEE, FL 33470 US

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: INCORP SERVICES, INC.

05/08/2008

Electronic Signature of Registered Agent_____
Date**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**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:****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

05/08/2008

Electronic Signature of Signing Officer or Director_____
Date