

**2015 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P11000032502

**Entity Name:** ORE PROPERTY TWO, INC.

**Current Principal Place of Business:**

5 SARNOWSKI DR  
GLENVILLE, NY 12302

**FILED**  
**May 01, 2015**  
**Secretary of State**  
**CC6823120944**

**Current Mailing Address:**

5 SARNOWSKI DR  
GLENVILLE, NY 12302

**FEI Number: 45-3509419**

**Certificate of Status Desired: Yes**

**Name and Address of Current Registered Agent:**

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 32301 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:** \_\_\_\_\_

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title DVT  
Name CUSHING, ROBERT T  
Address 5 SARNOWSKI DR  
City-State-Zip: GLENVILLE NY 12302

Title DP  
Name MCCORMICK, ROBERT J  
Address 5 SARNOWSKI DR  
City-State-Zip: GLENVILLE NY 12302

Title CEO  
Name MCCORMICK, ROBERT J  
Address 5 SARNOWSKI DR  
City-State-Zip: GLENVILLE NY 12302

Title DV  
Name SALVADOR, SCOT R  
Address 5 SARNOWSKI DR  
City-State-Zip: GLENVILLE NY 12302

Title S  
Name LEONARD, ROBERT M  
Address 5 SARNOWSKI DR  
City-State-Zip: GLENVILLE NY 12302

*I hereby 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 all other like empowered.*

**SIGNATURE: ROBERT M. LEONARD**

**SECRETARY**

**05/01/2015**

Electronic Signature of Signing Officer/Director Detail

Date