#### 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: THOMAS P SULLIVAN

Electronic Signature of Signing Officer/Director Detail

VP Title Title Ρ Name GASIECKI, EDMUND P Name

	1200 S. PINE ISLA PLANTATION, FL	
	The above named er SIGNATURE:	tity submits this statement for the purpose of changing its registered office or registered agent, or both,
		Electronic Signature of Registered Agent
Officer/Director Detail :		or Detail :

**Current Mailing Address:** 

#### **PO BOX 260** BUFFALO, NY 14231

FEI Number: 16-0850893

4777 UNION ROAD

CHEEKTOWAGA NY 14225

SECRETARY, TREASURER SULLIVAN, THOMAS P

EAST AMHERST NY 14051

105 BEACHRIDGE DR

## Name and Address of Current Registered Agent:

CT CORPORATION SYSTEM

Address City-State-Zip:

Title

Name

Address

City-State-Zip:

Entity Name: INTERNATIONAL CHIMNEY CORPORATION

## **Current Principal Place of Business:**

55 SO LONG ST BUFFALO, NY 14221

**DOCUMENT# 820445** 

## 2016 FOREIGN PROFIT CORPORATION ANNUAL REPORT

# Certificate of Status Desired: No

in the State of Florida.

Date

LOHR, RICHARD T Address 435 MAIN ST City-State-Zip: YOUNGSTOWN NY 14174

SECRETARY/TREASURER 02/18/2016

Date

#### FILED Feb 18, 2016 Secretary of State CC6049849186