


**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 09, 2007 08:00 A**  
**Secretary of State**

<b>DOCUMENT # 853100</b> 1. Entity Name CADARET, GRANT & CO., INC.	
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Principal Place of Business 110 W. FAYETTE STREET 5TH FLOOR SYRACUSE, NY 13202	Mailing Address 200 VALLEY RD STE 106 MOUNT ARLINGTON, NJ 07856
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**DO NOT WRITE IN THIS SPACE**



01082007 No Chg-P CR2E034 (11/05)

4. FEI Number 22-2361254	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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6. Name and Address of Current Registered Agent  THE PRENTICE HALL CORPORATION SYSTEM, INC 1201 HAYS ST TALLAHASSEE, FL 32301
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**DO NOT WRITE  
IN THIS SPACE**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

U000000579509  
01/10/07-80010-013 150.00  
DATE

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CPD GRANT, ARTHUR F. 110 W. FAYETTE STREET, 5TH FL SYRACUSE, NY 13202
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD POTO, NORLYN S 200 VALLEY RD, STE 106 MT ARLINGTON, NJ 07856
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD JOHNSON, BEDA L. 200 VALLEY RD, STE 106 MT ARLINGTON, NJ 07856
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TVD TAYLOR, DONALD J. 110 W. FAYETTE STREET, 5TH FL SYRACUSE, NY 13202
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 10 or Block 11 if changed, or on an attachment with an address with all other like empowered

**SIGNATURE:**  **01/8/07** **800-234-8539**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #