## **2001 UNIFORM BUSINESS REPORT (UBR)**

## FILED Jan 23, 2001 8:00 am Secretary of State DOCUMENT # F0000002119 1. Entity Name ONEIDA LTD. 01-23-2001 90048 023 \*\*\*150.00 Principal Place of Business Mailing Address 163-181 KENWOOD AVENUE 163-181 KENWOOD AVENUE ONEIDA NY 13421 ONEIDA NY 13421 SLGINE 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State 4. FEI Number City & State 15-0405700 Not Applicable Zip Country \$8.75 Additional Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent CORPORATION SERVICE COMPANY Street Address (P.O. Box Number is Not Acceptable) 1201 HAYS STREET TALLAHASSEE FL 32301-2525 Zip Code City FL 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 SIGNATURE Signature, typed or printed name of registered agent and title if applicable. DATE (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible \$5.00 May Be 10. Election Campaign Financing After MAY 1, 2001 Fee will be \$550.00 Tax filing requirement and elects to do so. Added to Fees Trust Fund Contribution. (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. ☐ Addition ☐ Change PD ☐ Delete TITLE TITI F NAME KALLET, PETER J NAME STREET ADDRESS STREET ADDRESS 552 MAIN STREET CITY-ST-ZIP CITY-ST-ZIP ONEJDA NY 13421 Change ☐ Addition ☐ Delete TITLE TITLE THOMA. EDWARD W NAME NAME STREET ADDRESS 808 W. HAMILTON AVE. STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP SHERRILL NY 13461 Change ☐ Addition TITLE ☐ Delete TITLE SUTTMEIER, CATHERINE H NAME NAME 552 KENWOOD STREET STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ONEIDA NY 13421 ☐ Addition ☐ Change ☐ Delete TITLE TITLE HYDE, SHELLEY J NAME NAMÉ STREET ADDRESS STREET ADDRESS 6 WEST 6TH STREET CITY-ST-ZIP CITY-ST-ZIP **ONEIDA CASTLE NY 13421** Change ☐ Addition TITLE Delete TITLE MATTHEWS, WILLIAM D NAME NAME STREET ADDRESS STREET ADDRESS 631 PATIO CIRCLE DRIVE CITY-ST-ZIP CITY-ST-ZIP ONEIDA NY 13421 ☐ Addition Change ☐ Delete TITLE D TITLE NAME FOBARE, J. PETER NAME STREET ADDRESS STREET ADDRESS 130 KENWOOD AVE. CITY-ST-ZIP CITY-ST-ZIP ONEIDA NY 13421

13. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered. 1-09-01