## 2002 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

TURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

## Feb 21, 2002 8:00 am Secretary of State F00000002119 **DOCUMENT #** 1. Entity Name 02-21-2002 90328 042 \*\*\*150.00 ONEIDA LTD., INC. Principal Place of Business Mailing Address 163-181 KENWOOD AVENUE 163-181 KENWOOD AVENUE ONEIDA NY 13421 **ONEIDA NY 13421** 2. Principal Place of Susiness 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 15-0405700 Not Applicable Country Zio Country Zip \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name CORPORATION SERVICE COMPANY Street Address (P.O. Box Number is Not Acceptable) 1201 HAYS STREET TALLAHASSEE FL 32301-2525 City Zip Code 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. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12. PD 9/0/ ☐ Change ₹3¢Addition TITLE ☐ Delete TITI F V/D Allan H. Conseur KALLET, PETER J NAME NAME CR2E034 STREET ADDRESS STREET ADDRESS **552 MAIN STREET** 4593 East Lake Road CITY-ST-ZIP CITY-ST-ZIP ONEIDA NY 13421 Cazenovia, NY 13035 Delete Change | ☐ Addition TITLE TITLE THOMA, EDWARD W NAME STREET ADDRESS STREET ADDRESS 808 W. HAMILTON AVE. CITY-ST-ZIP CITY-ST-ZIP SHERRILL NY 13461 Change ☐ AddItion TITLE Delete ПΠЕ NAME SUTTIMEIER, CATHERINE H STREET ADDRESS STREET ADDRESS 552 KENWOOD STREET CITY-ST-ZIP CITY-ST-ZIP ONEIDA NY 13421 Change TITLE ☐ Delete TITLE Addition MAME HYDE SHELLEY J NAME ... STREET ADDRESS STREET ADDRESS **6 WEST 6TH STREET** CITY-ST-ZIP ONEIDA CASTLE NY 13421 CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Celete NAME FOBARE, J. PETER NAME STREET ADDRESS STREET ADDRESS 130 KENWOOD AVE. CITY-ST-21P CITY-ST-ZIP ONEIDA NY 13421 ☐ Change Addition TITLE ☐ Delete nn.£ NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 13. I hereby certify that the information supplied with this filing 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

1/7/02

315-361-3636

Daytime Phone #

FILED



January 29, 2002

ONEIDA LTD., INC. 163-181 KENWOOD AVENUE ONEIDA, NY 13421

Subject: ONEIDA LTD., INC.

Reference Number:

F00000002119

Please be advised, we have received your annual report/uniform business report; however, the report <u>has not been filed</u> and a copy is being returned for the following correction(s):

Please sign and return your check submitted with the annual report/uniform business report.

To be accepted by our bank, a check must be completed in its entirety. Both the numeric and written amounts must be completed.

After the corrections have been made, please return the report to: Division of Corporations, P.O. Box 1500, Tallahassee, Florida 32302-1500 within 30 days from the date of this letter.

If you have additional questions or need further assistance, please call the Division of Corporations at (850) 488-9000.

/am

ANNUAL REPORTS SECTION