


**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jan 28, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # F0000002119**  
 1. Entity Name  
 ONEIDA LTD., INC.



Principal Place of Business  
 163-181 KENWOOD AVENUE  
 ONEIDA, NY 13421

Mailing Address  
 163-181 KENWOOD AVENUE  
 ONEIDA, NY 13421

**DO NOT WRITE IN THIS SPACE**



01202004 No Chg-P CR2E034 (10/03)

4. FEI Number  
 15-0405700

Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent  
 CAPITOL CORPORATE SERVICES, INC.  
 1333 NORTH DUVAL STREET  
 TALLAHASSEE, FL 32303

**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 \_\_\_\_\_ DATE \_\_\_\_\_  
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**  
**After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD KALLET, PETER J 562 MAIN STREET ONEIDA, NY 13421
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD CONSEUR, ALLAN H 4593 EAST LAKE ROAD CAZENOVIA, NY 13035
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S SUTTMEIER, CATHERINE H 562 KENWOOD STREET ONEIDA, NY 13421
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T HYDE, SHELLEY J 6 WEST 6TH STREET ONEIDA CASTLE, NY 13421
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FOBARE, J, PETER 130 KENWOOD AVE. ONEIDA, NY 13421
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U00000015956  
 01/28/04-80036-003 150.00

**DO NOT WRITE IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: Catherine H. Suttmeier Catherine H. Suttmeier 1/20/04 (315) 361-3636  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #