2005 FOR PROFIT CORPORATION

Jan 10, 2005 8:00 am **Secretary of State ANNUAL REPORT** 01-10-2005 90013 034 ***150.00 **DOCUMENT # F00000002119** ONEÍDA LTD., INC. Principal Place of Business Mailing Address -50000815 163-181 KENWOOD AVENUE 163-181 KENWOOD AVENUE ONEIDA, NY 13421 ONEIDA, NY 13421 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01042005 CR2E034 (10/03) City & State City & State 4. FEI Number Applied For 15-0405700 Not Applicable Country \$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 CAPITOL CORPORATE SERVICES, INC. Street Address (P.O. Box Number is Not Acceptable) 1333 NORTH DUVAL STREET TALLAHASSEE, FL 32303 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. 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) DATE FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 - 9. Election Campaign Financing **\$5:00** May Be Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE PD ☐ Delete TITLE Change ☐ Addition NAME KALLET, PETER J NAME 552 MAIN STREET STREET ADDRESS STREET ADDRESS CITY-ST-ZIP ONEIDA, NY 13421 CITY-ST-ZIP VΩ TITLE ☑ Delete ☐ Change Addition CONSEUR, ALLAN H NAME NAME 4593 EAST LAKE ROAD STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CAZENOVIA, NY 13035 CITY-ST-ZIP TITLE THE Delete -Change - Addition-NAME SUTTMEIER, CATHERINE H NAME 552 KENWOOD STREET STREET ADDRESS STREET ADDRESS CITY-ST-ZIP ONEIDA, NY 13421 CITY-ST-ZiP TITLE ☐ Delete Addition HYDE, SHELLEY J NAME NAME STREET ADDRESS 6 WEST 6TH STREET STREET ADDRESS ONEIDA CASTLE, NY 13421 CITY-ST-ZIP CITY-ST-ZIP TITI F TITLE Change Addition Delete FOBARE, J. PETER NAME STREET ADDRESS 130 KENWOOD AVE. STREET ADDRESS 37.3-CITY-ST-ZIP ONEIDA, NY 13421 CITY-ST-ZIP TITLE ☐ Delete TITLE Addition NAME

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

Catherine H. Suttmeier

1/4/05

(315)361-3636

Daytime Phone #

FILED

ATTACHMENT

Oneida Ltd. Directors

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