


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 23, 2004 8:00 am
Secretary of State

01-23-2004 90029 011 ***150.00

DOCUMENT # F02000001003					
1. Entity Name ECR DISTRIBUTION, INC.					
Principal Place of Business 85 MIDDLE ROAD DUNKIRK, NY 14048			Mailing Address 85 MIDDLE ROAD DUNKIRK, NY 14048		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 16-1490637	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525			7. Name and Address of New Registered Agent		
			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City		FL 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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	P	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	REED, TIMOTHY R		NAME		
STREET ADDRESS	2201 DWYER AVENUE		STREET ADDRESS		
CITY-ST-ZIP	UTICA, NY 13504		CITY-ST-ZIP		
TITLE	VST	<input checked="" type="checkbox"/> Delete	TITLE	Vice Pres., Sec., Treas.	<input checked="" type="checkbox"/> Addition
NAME	LAUCHERT, JOHN J		NAME	Paul Totaro	
STREET ADDRESS	2201 DWYER AVENUE		STREET ADDRESS	2201 Dwyer Ave.	
CITY-ST-ZIP	UTICA, NY 13504		CITY-ST-ZIP	Utica, NY 13504	
TITLE	C	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BEECHNER, CHRISTOPHER		NAME		
STREET ADDRESS	2201 DWYER AVENUE		STREET ADDRESS		
CITY-ST-ZIP	UTICA, NY 13504		CITY-ST-ZIP		
TITLE	AT	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HORBACHEWSKI, MARY E		NAME		
STREET ADDRESS	85 MIDDLE ROAD		STREET ADDRESS		
CITY-ST-ZIP	DUNKIRK, NY 14048		CITY-ST-ZIP		
TITLE	AS	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HEAD, NOREEN		NAME		
STREET ADDRESS	85 MIDDLE ROAD		STREET ADDRESS		
CITY-ST-ZIP	DUNKIRK, NY 14048		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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.					
SIGNATURE: <i>Mary E. Horbachewski</i>			Date: 1/16/04		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR <i>Mary E. Horbachewski</i>			Daytime Phone #: (716) 366-5500		