


**2006 FOR PROFIT CORPORATION  
REINSTATEMENT**

FILED

06 JUN 26 PM 2: 56

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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 2201 Dwyer Ave Suite, Apt. #, etc.		3. Mailing Address 2201 Dwyer Ave Suite, Apt. #, etc.	
City & State Utica NY		City & State Utica NY	
Zip 13501		Country	
4. FEI Number 16-1490637		Applied For Not Applicable	
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 Now Registered Agent	
Name		Name	
Street Address (P.O. Box Number is Not Acceptable)		Street Address (P.O. Box Number is Not Acceptable)	
City		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 <i>Cynthia L. Harris</i> Cynthia L. Harris as its agent		DATE 6/22/06	
FILE NOW!!! FEE IS \$900.00			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	P	TITLE	T
NAME	REED, TIMOTHY R	NAME	Mary Wuest
STREET ADDRESS	2201 DWYER AVENUE	STREET ADDRESS	2201 Dwyer Ave
CITY-ST-ZIP	UTICA, NY 13504	CITY-ST-ZIP	Utica NY 13501
TITLE	VST	TITLE	
NAME	LAUCHERT, JOHN J	NAME	
STREET ADDRESS	2201 DWYER AVENUE	STREET ADDRESS	
CITY-ST-ZIP	UTICA, NY 13504	CITY-ST-ZIP	
TITLE	VST	TITLE	
NAME	TOTARO, PAUL	NAME	
STREET ADDRESS	2201 DWYER AVENUE	STREET ADDRESS	
CITY-ST-ZIP	UTICA, NY 13504	CITY-ST-ZIP	
TITLE	AT	TITLE	
NAME	HORBACHEWSKI, MARY E	NAME	
STREET ADDRESS	85 MIDDLE ROAD	STREET ADDRESS	
CITY-ST-ZIP	DUNKIRK, NY 14048	CITY-ST-ZIP	
TITLE	AS	TITLE	
NAME	HEAD, NOREEN	NAME	
STREET ADDRESS	85 MIDDLE ROAD	STREET ADDRESS	
CITY-ST-ZIP	DUNKIRK, NY 14048	CITY-ST-ZIP	
TITLE		TITLE	
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 exemptions contained in Chapter 119, 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 Wuest</i>		Date: 5/31/06	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Mary Wuest		Date	



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