

**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jan 30, 2004 8:00 am**  
**Secretary of State**

01-30-2004 90077 047 \*\*\*150.00

**94007904**



<b>DOCUMENT # F96000000333</b>					
1. Entity Name <b>PILLER, INC.</b>					
Principal Place of Business <b>334 COUNTY RT 49 MIDDLETOWN, NY 10940 US</b>			Mailing Address <b>334 COUNTY RT 49 MIDDLETOWN, NY 10940 US</b>		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country	Zip		Country
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
<b>C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324</b>				Name	
				Street Address (P.O. Box Number is Not Acceptable)	
				City	
				<b>FL</b>	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>					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		<b>\$5.00</b> May Be Added to Fees	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	DP	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	REYNOLDS, CHRISTOPHER		NAME		
STREET ADDRESS	334 COUNTY RT 49		STREET ADDRESS		
CITY-ST-ZIP	MIDDLETOWN, NY 10940		CITY-ST-ZIP		
TITLE	VTSD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	NUELLE, MARK T		NAME		
STREET ADDRESS	334 COUNTY RT 49		STREET ADDRESS		
CITY-ST-ZIP	MIDDLETOWN, NY 10940		CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	SUEDMEIER, ACHIM		NAME		
STREET ADDRESS	ABGUNST 24		STREET ADDRESS		
CITY-ST-ZIP	OSTERODE AMLTARZ, GM		CITY-ST-ZIP		
TITLE	V	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	COLLINS, KEVIN G		NAME		
STREET ADDRESS	334 COUNTY R +49		STREET ADDRESS		
CITY-ST-ZIP	MIDDLETOWN, NY 10940		CITY-ST-ZIP		
TITLE	V	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	MCDANIEL, ELBERT L		NAME		
STREET ADDRESS	334 COUNTY R + 49		STREET ADDRESS		
CITY-ST-ZIP	MIDDLETOWN, NY 10940		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>Mark T. Nuelle</i>		SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date: <i>1/26/04</i>	
				Daytime Phone #: <i>(845) 355-5000</i>	