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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT 1995



FLORIDA DEPARTMENT OF STATE  
Sandra B. Morham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P27980 (2)  
1. Corporation Name  
**BIGELOW-LIPTAK CORPORATION**

Principal Place of Business: 363 EASTERN BLVD, STE. 103, WATERTOWN NY 13601, US  
Mailing Address: 363 EASTERN BLVD, STE. 103, WATERTOWN NY 13601, US

DO NOT WRITE IN THIS SPACE.

2. Principal Place of Business (21-23) and Mailing Address (2a-24) fields with sub-headers for Suite, City, State, Zip, and Country.

3. Date Incorporated or Qualified: 01/29/1990  
3a. Date of Last Report: 05/01/1994  
4. FBI Number: 38-2857905  
5. Certificate of Status Desired: \$8.75 Additional Fee Required  
6. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees  
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes: Yes No

9. Name and Address of Current Registered Agent  
**CT CORPORATION SYSTEM  
1200 S. PINE ISLAND ROAD  
PLANTATION FL 33324**

10. Name and Address of New Registered Agent (81-85) fields for Name, Street Address, City, and Zip Code.

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: \_\_\_\_\_ (NOTE: Registered Agent signature required when registering) DATE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS	
TITLE	PD
NAME	CALLIGARIS, ALFRED E
STREET ADDRESS	210 DRY HILL ROAD
CITY - ST - ZIP	WATERTOWN NY
TITLE	TD
NAME	ROHLOFF, WILLIAM N
STREET ADDRESS	6583 BIRCH LANE
CITY - ST - ZIP	WATERTOWN NY
TITLE	SD
NAME	BATTISTA, ROSEMARIE
STREET ADDRESS	206 SOUTH RUTLAND STREET
CITY - ST - ZIP	WATERTOWN NY
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	16605 DEER RUN ROAD,
1.4 CITY - ST - ZIP	
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	21927 BIRCH LANE
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(b), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or as an attachment with an address.

SIGNATURE: *William M. Rohloff* Treasurer 4/25/95 315-782-7000  
SIGNATURE AND TYPED OR PRINTED NAME OF BRANCH OFFICER OR DIRECTOR Date Duplicating Fee \$