

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 16, 2001 8:00 am**  
**Secretary of State**

05-16-2001 90049 005 \*\*\*550.00

**DOCUMENT # P27980**

1. Entity Name  
**BIGELOW-LIPTAK CORPORATION**

|  |  |
|--|--|
| Principal Place of Business<br><b>363 EASTERN BLVD<br/>         STE. 103<br/>         WATERTOWN NY 13601<br/>         US</b> | Mailing Address<br><b>363 EASTERN BLVD<br/>         STE. 103<br/>         WATERTOWN NY 13601<br/>         US</b> |
|--|--|



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business      3. Mailing Address

Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State      City & State

Zip      Country      Zip      Country

4. FEI Number **38-2857905**      Applied For  
 Not Applicable

5. Certificate of Status Desired       **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**CT CORPORATION SYSTEM  
 1200 S. PINE ISLAND ROAD  
 PLANTATION FL 33324**

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.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating)      DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.  (See criteria on back)

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2001 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution.       **\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| TITLE | NAME                 | STREET ADDRESS           | CITY-ST-ZIP        | Change                              | Addition                 |
|-------|----------------------|--------------------------|--------------------|-------------------------------------|--------------------------|
| PDT   | CALLIGARIS, ALFRED E | 16605 DEER RUN RD        | WATERTOWN NY       | <input type="checkbox"/>            | <input type="checkbox"/> |
| AT    | STUGE, KENNETH       | 247 PADDOCK ST           | WATERTOWN NY 13601 | <input type="checkbox"/>            | <input type="checkbox"/> |
| SD    | BATTISTA, ROSEMARIE  | 206 SOUTH RUTLAND STREET | WATERTOWN NY       | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
|       |                      |                          |                    | <input type="checkbox"/>            | <input type="checkbox"/> |
|       |                      |                          |                    | <input type="checkbox"/>            | <input type="checkbox"/> |
|       |                      |                          |                    | <input type="checkbox"/>            | <input type="checkbox"/> |
|       |                      |                          |                    | <input type="checkbox"/>            | <input type="checkbox"/> |

**Secretary**  
**NeVa M. Parkinson**  
**32878 WYS Rte 12 E**  
**Cape Vincent NY 13618**  
 Change       Addition

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: NeVa M. Parkinson      5/3/01      Date      Daytime Phone #

CR2E034 (10/00)