

**2016 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F08000005006

**Entity Name:** M.G.S. MANUFACTURING INC.

**Current Principal Place of Business:**

122 OTIS STREET  
ROME, NY 13441

**Current Mailing Address:**

POST OFFICE BOX 4259  
ROME, NY 13442-4259

**FEI Number: 16-0962284**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 US

*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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title PCEO  
Name JOHNSON, ROBERT D  
Address 20 MARINER BEACH LANE  
City-State-Zip: VERO BEACH FL 32963

Title D  
Name JOHNSON, ROBERT D  
Address 20 MARINER BEACH LANE  
City-State-Zip: VERO BEACH FL 32963

Title VCOO  
Name STEPHAN, SCOTT W  
Address 122 OTIS STREET  
City-State-Zip: ROME NY 13441

Title ASD  
Name STEPHAN, SCOTT W  
Address 122 OTIS STREET  
City-State-Zip: ROME NY 13441

Title STD  
Name GROW, DAVID C  
Address 301 N. WASHINGTON STREET  
City-State-Zip: ROME NY 13440

Title VP  
Name ZAMPOGNA, JAMES L  
Address 122 OTIS STREET  
City-State-Zip: ROME NY 13441

Title VP  
Name MCCOMISKEY, THOMAS J  
Address 122 OTIS STREET  
City-State-Zip: ROME NY 13441

Title VP  
Name JOHNSON, BRIAN P  
Address 122 OTIS STREET  
City-State-Zip: ROME NY 13441

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE: SCOTT W. STEPHAN**

**VP & C.O.O.**

**03/02/2016**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date