



**PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 1999**

Filing Period: January 1-March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED IN BLACK)



1. Corporate ID No. **63020** 2. Name of Corporation **GREENMAN-PEDERSEN, INC.**  
3. Street Address Principal Business Office **325 W. Main Street** City **Babylon** State **new York** Zip **11702**  
4. Business Phone No. **(516) 587 5060** 5. State of Incorporation **NEW YORK** 6. SIC Code **7518**  
7. Brief Description of the Character of Business Conducted in Rhode Island  
**Engineering firm**

**8. NAMES AND ADDRESSES OF THE OFFICERS ("X" BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS**

President Name <b>Steven G Greenman</b> Street Address <b>325 w Main Street</b> City <b>Babylon</b> State <b>N.Y.</b> Zip <b>11702</b>	Vice President Name <b>NONE</b> Street Address  City State Zip
Secretary Name <b>Michael J. Buoncore</b> Street Address <b>325 W Main Street</b> City <b>Babylon</b> State <b>ny</b> Zip <b>11702</b>	Treasurer Name <b>Michael J. Buoncore</b> Street Address <b>325 W Main Street</b> City <b>Babylon</b> State <b>ny</b> Zip <b>11702</b>

**9. NAMES AND ADDRESSES OF THE DIRECTORS ("X" BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS**

Director Name <b>Beecher Greenman</b> Street Address <b>325 w Main Street</b> City <b>Babylon</b> State <b>ny</b> Zip <b>11702</b>	Director Name <b>Michael J. Buoncore</b> Street Address <b>325 W Main Street</b> City <b>Babylon</b> State <b>NY</b> Zip <b>11702</b>
Director Name <b>Steven Greenman</b> Street Address <b>325 w Main Street</b> City <b>Babylon</b> State <b>ny</b> Zip <b>11702</b>	

**10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT)**

AUTHORIZED SHARES	Class/Series	Par Value
30,000	Common	None

**11. SHARES ISSUED ("X" BOX FOR ATTACHMENT)**

ISSUED SHARES	Class/Series	Par Value
25,777	None	None

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



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File Date: 4-22-99

Check No.: 7628

By: AMF

FOR SECRETARY OF STATE USE ONLY

Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.

Michael J. Buoncore 3/2/99  
Signature of Officer Date

Michael J. Buoncore  
Print or Type Name of Officer

Secretary/Treasurer  
Title of Officer