



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS  
Office of the Secretary of State  
Matthew A. Brown, Secretary of State

Corporations Division  
100 North Main Street  
Providence, RI 02903-1335  
401.222.3040

**PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR** 2005

Filing Period: January 1 - March 1 • Filing Fee: \$50.00  
(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. Corporate ID No <b>102261</b>		2. Name of Corporation <b>AnCor, Inc.</b>		
3. Street Address Principal Business Office <b>831 James Street, 2nd Floor</b>			City <b>Syracuse</b>	State <b>NY</b>
4. Business Phone No <b>Syracuse</b>		5. State of Incorporation <b>NEW YORK</b>		6. SIC Code <b>59</b>
7. Brief Description of the Character of Business Conducted in Rhode Island <b>GENERAL CONTRACTING.</b>				
8. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS				
President Name <b>Thomas J. Anthony</b>		Vice President Name <b>Joseph G. Anthony</b>		
Street Address <b>831 James Street, 2nd Floor</b>		Street Address <b>831 James Street, 2nd Floor</b>		
City <b>Syracuse</b>	State <b>NY</b>	Zip <b>13203</b>	City <b>Syracuse</b>	State <b>NY</b>
Secretary Name <b>Joseph G. Anthony</b>		Treasurer Name <b>Thomas J. Anthony</b>		
Street Address <b>831 James Street, 2nd Floor</b>		Street Address <b>831 James Street, 2nd Floor</b>		
City <b>Syracuse</b>	State <b>NY</b>	Zip <b>13203</b>	City <b>Syracuse</b>	State <b>NY</b>
9. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS				
Director Name <b>Joseph G. Anthony</b>		Director Name		
Street Address <b>831 James Street, 2nd Floor</b>		Street Address		
City <b>Syracuse</b>	State <b>NY</b>	Zip <b>13203</b>	City	State
Director Name		Director Name		
Street Address		Street Address		
City	State	Zip	City	State
10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>				
AUTHORIZED SHARES			11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>	
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series
<b>200 COMM \$2.00 PAR VALUE</b>			<b>200 Comm</b>	
				<b>\$2.00</b>

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



\*102261\*

File Date 7-11-05  
Check No. 7971  
By: [Signature]  
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.

[Signature] **Joseph G. Anthony**  
Signature of Officer  
CEO  
Date 7/5/05  
Title of Officer



**PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2004**

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

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. Corporate ID No. 102261		2. Name of Corporation AnCor, Inc.			
3. Street Address Principal Business Office 831 James Street, 2nd Floor			City Syracuse	State NY	Zip 13203
4. Business Phone No. (315) 233-1300		5. State of Incorporation NEW YORK		6. SIC Code 59	
7. Brief Description of the Character of Business Conducted in Rhode Island GENERAL CONTRACTING.					
8. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name Thomas J. Anthony			Vice President Name Joseph G. Anthony		
Street Address 831 James Street, 2nd Floor			Street Address 831 James Street, 2nd Floor		
City Syracuse	State NY	Zip 13203	City Syracuse	State NY	Zip 13203
Secretary Name Joseph G. Anthony			Treasurer Name Thomas J. Anthony		
Street Address 831 James Street, 2nd Floor			Street Address 831 James Street, 2nd Floor		
City Syracuse	State NY	Zip 13203	City Syracuse	State NY	Zip 13203
9. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name Joseph G. Anthony			Director Name		
Street Address 831 James Street, 2nd Floor			Street Address		
City Syracuse	State NY	Zip 13203	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>			11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>		
AUTHORIZED SHARES			ISSUED SHARES		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
200 COMM	\$2.00 PAR VALUE		200 Comm		\$2.00

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



\* 1 0 2 2 6 1 \*

File Date 2-17-04

Check No. 1009

By: [Signature]

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.

[Signature] 2/12/04

Signature of Officer Date

Joseph G. Anthony

Print or Type Name of Officer

CEO

Title of Officer



**PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2003**  
Filing Period: January 1-March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. Corporate ID No. **102261** 2. Name of Corporation **AnCor, Inc.**  
3. Street Address Principal Business Office **831 James Street, 2nd Floor** City **Syracuse** State **NY** Zip **13203**  
4. Business Phone No. **(315) 233-1300** 5. State of Incorporation **NEW YORK** 6. SIC Code **59**

7. Brief Description of the Character of Business Conducted in Rhode Island  
**Design / Build Company with National Accounts**

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

President Name <b>Thomas J. Anthony</b>	Vice President Name <b>Joseph G. Anthony</b>
Street Address <b>831 James Street, 2nd Floor</b>	Street Address <b>831 James Street, 2nd Floor</b>
City State Zip <b>Syracuse NY 13203</b>	City State Zip <b>Syracuse NY 13203</b>
Secretary Name <b>Joseph G. Anthony</b>	Treasurer Name <b>Thomas J. Anthony</b>
Street Address <b>831 James Street, 2nd Floor</b>	Street Address <b>831 James Street, 2nd Floor</b>
City State Zip <b>Syracuse NY 13203</b>	City State Zip <b>Syracuse NY 13203</b>

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

Director Name <b>Joseph G. Anthony</b>	Director Name
Street Address <b>831 James Street, 2nd Floor</b>	Street Address
City State Zip <b>Syracuse NY 13203</b>	City State Zip
Director Name	Director Name
Street Address	Street Address
City State Zip	City State Zip

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

AUTHORIZED SHARES	Class/Series	Par Value
<b>200 COMM</b>	<b>\$2.00</b>	<b>PAR VALUE</b>

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

ISSUED SHARES	Class/Series	Par Value
<b>200 Comm</b>		<b>\$2.00</b>

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



\* 1 0 2 2 6 1 \*

File Date: 1-6-03

Check No.: 1496

By: [Signature]

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.

Signature of Officer: [Signature] CEO Date: 1/2/03

Print or Type Name of Officer: Joseph G. Anthony

Title of Officer: CEO

Form 639 12/02



**PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2002**

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

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. **102261** 2. Name of Corporation **AnCor, Inc.**  
3. Street Address Principal Business Office **831 James Street, 2nd Floor** City **Syracuse** State **FL** Zip **13203**  
4. Business Phone No. **(315) 233-1300** 5. State of Incorporation **NEW YORK** 6. SIC Code **59**

7. Brief Description of the Character of Business Conducted in Rhode Island  
**Design / Build Company with National Accounts**

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

President Name <b>Thomas J. Anthony</b>	Vice President Name <b>Joseph G. Anthony</b>
Street Address <b>831 James Street, 2nd Floor</b>	Street Address <b>831 James Street, 2nd Floor</b>
City State Zip <b>Syracuse NY 13203</b>	City State Zip <b>Syracuse NY 13203</b>
Secretary Name <b>Joseph G. Anthony</b>	Treasurer Name <b>Thomas J. Anthony</b>
Street Address <b>831 James Street, 2nd Floor</b>	Street Address <b>831 James Street, 2nd Floor</b>
City State Zip <b>Syracuse NY 13203</b>	City State Zip <b>Syracuse NY 13203</b>

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

Director Name <b>Joseph G. Anthony</b>	Director Name
Street Address <b>831 James Street, 2nd Floor</b>	Street Address
City State Zip <b>Syracuse NY 13203</b>	City State Zip
Director Name	Director Name
Street Address	Street Address
City State Zip	City State Zip

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

AUTHORIZED SHARES	Number of Shares	Class/Series	Par Value
	<b>200 COMM</b>	<b>\$2.00</b>	<b>PAR VALUE</b>

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

ISSUED SHARES	Number of Shares	Class/Series	Par Value
	<b>200 Comm</b>		<b>\$2.00</b>

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



\* 1 0 2 2 6 1 \*

File Date: 1-10-02  
18181  
Check No.: \_\_\_\_\_  
By: [Signature]

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.

[Signature] VP 1/7/02  
Signature of Officer Date  
**Joseph G. Anthony**  
Print or Type Name of Officer  
**Vice President**  
Title of Officer



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**PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2001**

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

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. **102261**      2. Name of Corporation **AnCor, Inc.**  
 3. Street Address Principal Business Office **831 James Street, 2nd Floor**      City **Syracuse**      State **NY**      Zip **13203**  
 4. Business Phone No. **(315)233-1300**      5. State of Incorporation **NEW YORK**      6. SIC Code **59**

7. Brief Description of the Character of Business Conducted in Rhode Island  
**Design / Build Company with National Accounts**

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

President Name <b>Thomas J. Anthony</b> Street Address <b>831 James Street, 2nd Floor</b> City      State      Zip <b>Syracuse      NY      13203</b>	Vice President Name <b>Joseph G. Anthony</b> Street Address <b>831 James Street, 2nd Floor</b> City      State      Zip <b>Syracuse      NY      13203</b>
Secretary Name <b>Joseph G. Anthony</b> Street Address <b>831 James Street, 2nd Floor</b> City      State      Zip <b>Syracuse      NY      13203</b>	Treasurer Name <b>Thomas J. Anthony</b> Street Address <b>831 James Street, 2nd Floor</b> City      State      Zip <b>Syracuse      NY      13203</b>

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

Director Name <b>Joseph G. Anthony</b> Street Address <b>831 James Street, 2nd Floor</b> City      State      Zip <b>Syracuse      NY      13203</b>	Director Name  Street Address  City      State      Zip  
Director Name  Street Address  City      State      Zip  	Director Name  Street Address  City      State      Zip  

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

AUTHORIZED SHARES	Number of Shares	Class/Series	Par Value
	<b>200 COMM</b>	<b>\$2.00 PAR VALUE</b>	

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

ISSUED SHARES	Number of Shares	Class/Series	Par Value
	<b>200 Comm</b>		<b>\$2.00</b>

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



\* 1 0 2 2 6 1 \*

File Date: 2/21  
 Check No.: 14695  
 By: [Signature]

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.

[Signature] VP      Date 2/14/01  
 Signature of Officer  
**Joseph G. Anthony**  
 Print or Type Name of Officer  
**Vice President**  
 Title of Officer



**PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2000**

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

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. **102261** 2. Name of Corporation **AnCor, Inc.**  
3. Street Address Principal Business Office **831 James Street, 2nd Floor** City **Syracuse** State **New York** Zip **13203**  
4. Business Phone No. **315-233-1300** 5. State of Incorporation **NEW YORK** 6. SIC Code **59**

7. Brief Description of the Character of Business Conducted in Rhode Island  
**General Contracting Company w/ National Accounts**

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

President Name <b>Thomas J. Anthony</b>	Vice President Name <b>Joseph G. Anthony</b>
Street Address <b>831 James Street, 2nd Floor</b>	Street Address <b>831 James Street, 2nd Floor</b>
City State Zip <b>Syracuse NY 13203</b>	City State Zip <b>Syracuse NY 13203</b>
Secretary Name <b>Joseph G. Anthony</b>	Treasurer Name <b>Thomas J. Anthony</b>
Street Address <b>831 James Street, 2nd Floor</b>	Street Address <b>831 James Street, 2nd Floor</b>
City State Zip <b>Syracuse NY 13203</b>	City State Zip <b>Syracuse NY 13203</b>

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

Director Name <b>Joseph G. Anthony</b>	Director Name
Street Address <b>831 James Street, 2nd Floor</b>	Street Address
City State Zip <b>Syracuse NY 13203</b>	City State Zip
Director Name	Director Name
Street Address	Street Address
City State Zip	City State Zip

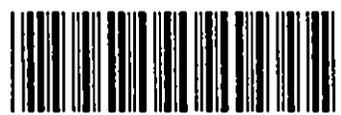
**10. SHARES AUTHORIZED (\*X\* BOX FOR ATTACHMENT)**

AUTHORIZED SHARES  
Number of Shares Class/Series Par Value  
**200 COMM \$2.00 PAR VALUE**

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

ISSUED SHARES  
Number of Shares Class/Series Par Value  
**200 Comm \$2.00**

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

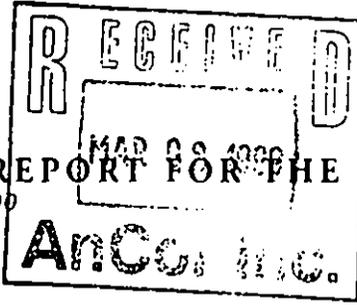


\* 1 0 2 2 6 1 \*

File Date: 1/24/00  
Check No.: 10724  
By: [Signature]

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.

[Signature] VP 1/24/2000  
Signature of Officer Date  
Joseph G. Anthony  
Print or Type Name of Officer  
Vice President  
Title of Officer



**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. \_\_\_\_\_ 2. Name of Corporation  
AnCor, Inc.

3. Street Address Principal Business Office  
831 James Street, 2nd Floor

4. Business Phone No. 315-233-1300 5. State of Incorporation  
New York

City State Zip  
Syracuse NY 13203  
6. SIC Code  
0059

7. Brief Description of the Character of Business Conducted in Rhode Island  
General Contracting-Commercial

8. NAMES AND ADDRESSES OF THE OFFICERS (\*X\* BOX FOR ATTACHMENT)

President Name  
Thomas J. Anthony  
Street Address  
831 James Street, 2nd Floor  
City State Zip  
Syracuse NY 13203

Vice President Name  
Joseph G. Anthony  
Street Address  
831 James Street, 2nd Floor  
City State Zip  
Syracuse NY 13203

Secretary Name  
Joseph G. Anthony  
Street Address  
831 James Street, 2nd Floor  
City State Zip  
Syracuse NY 13203

Treasurer Name  
Thomas J. Anthony  
Street Address  
831 James Street, 2nd Floor  
City State Zip  
Syracuse NY 13203

9. NAMES AND ADDRESSES OF THE DIRECTORS (\*X\* BOX FOR ATTACHMENT)

Director Name  
Joseph G. Anthony  
Street Address  
831 James Street, 2nd Floor  
City State Zip  
Syracuse NY 13203

Director Name  
None  
Street Address  
City State Zip

Director Name  
None  
Street Address

Director Name  
None  
Street Address

City State Zip City State Zip

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

AUTHORIZED SHARES	Number of Shares	Class/Series	Par Value
	200	COMMON	\$2

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

ISSUED SHARES	Number of Shares	Class/Series	Par Value
	200	COMMON	\$2

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

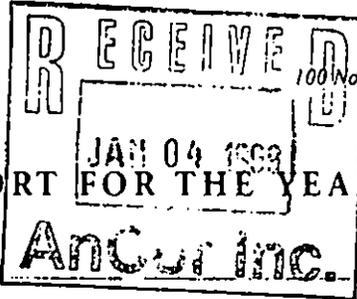
File Date: 04-16-99  
Check No.: 7274  
By: JG

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.

Joseph G. Anthony VP 3/10/99  
Signature of Officer Date  
Joseph G. Anthony  
Print or Type Name of Officer  
Vice President  
Title of Officer



STATE OF RHODE ISLAND  
AND PROVIDENCE PLANTATIONS  
Office of the Secretary of State



James R. Langevin, Secretary of State  
Corporations Division  
100 North Main Street, Providence, RI 02903-1335  
401-222-3040



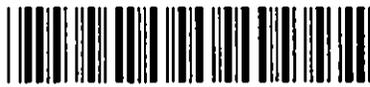
**PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 1999**

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

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. <b>102261</b>		2. Name of Corporation <b>AnCor, Inc.</b>	
3. Street Address Principal Business Office <b>7063 Interstate Island Road</b>		City <b>Syracuse</b>	State <b>NY</b>
		Zip <b>13209</b>	
4. Business Phone No. <b>315-453-1008</b>		5. State of Incorporation <b>NEW YORK</b>	
6. SIC Code			
7. Brief Description of the Character of Business Conducted in Rhode Island <b>General Contracting company with national accounts</b>			
8. NAMES AND ADDRESSES OF THE OFFICERS (*X* BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS			
President Name <b>Thomas J. Anthony</b>		Vice President Name <b>Joseph G. Anthony</b>	
Street Address <b>7063 Interstate Island Road</b>		Street Address <b>7063 Interstate Island Road</b>	
City <b>Syracuse</b>	State <b>NY</b>	City <b>Syracuse</b>	State <b>NY</b>
Zip <b>13209</b>		Zip <b>13209</b>	
Secretary Name <b>Joseph G. Anthony</b>		Treasurer Name <b>Thomas J. Anthony</b>	
Street Address <b>7063 Interstate Island Road</b>		Street Address <b>7063 Interstate Island Road</b>	
City <b>Syracuse</b>	State <b>NY</b>	City <b>Syracuse</b>	State <b>NY</b>
Zip <b>13209</b>		Zip <b>13209</b>	
9. NAMES AND ADDRESSES OF THE DIRECTORS (*X* BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS			
Director Name <b>Joseph G. Anthony</b>		Director Name	
Street Address <b>7063 Interstate Island Road</b>		Street Address	
City <b>Syracuse</b>	State <b>NY</b>	City	State
Zip <b>13209</b>		Zip	
Director Name		Director Name	
Street Address		Street Address	
City	State	City	State
Zip		Zip	
10. SHARES AUTHORIZED (*X* BOX FOR ATTACHMENT) <input type="checkbox"/>		11. SHARES ISSUED (*X* BOX FOR ATTACHMENT) <input checked="" type="checkbox"/>	
AUTHORIZED SHARES		ISSUED SHARES	
Number of Shares	Class/Series	Number of Shares	Class/Series
<b>200 COMM \$2.00 PAR VALUE</b>		<b>NONE</b>	
Par Value		Par Value	

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



\* 1 0 2 2 6 1 \*

File Date: 1-22-99  
Check No.: 12566  
By: [Signature]  
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.

[Signature] VP 1/19/99  
Signature of Officer Date  
**Joseph G. Anthony**  
Print or Type Name of Officer  
**Vice President**  
Title of Officer