

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)**

PROFIT CORPORATION ANNUAL REPORT



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

1996 10-11-96 B-705912

DOCUMENT # F95000004492 (3)
1. Corporation Name

CONESTOGA-ROVERS & ASSOCIATES, INC.



Principal Place of Business Mailing Address
2055 NIAGARA FALLS BLVD #3 NIAGARA FALLS NY 14304
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3. Date Incorporated or Qualified 09/15/1995
3a. Date of Last Report

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt #, etc 26 Suite, Apt #, etc
22 City & State 27 City & State
23 Zip 28 Zip
24 Country 29 Country
25 Country 30 Country

4. FEI Number 16-1229774 Applied for Not Applicable
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

THE PRENTICE-HALL CORPORATION SYSTEM, INC.
1201 HAYS STREET
SUITE 105
TALLAHASSEE FL 32301

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code FL

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

Signature, typed or printed name of registered agent and the corporation

(NOTE: Registered Agent signature required when re-registration)

(DATE)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DCP	11 TITLE	
NAME	ROVERS, FRANK A	12 NAME	
STREET ADDRESS	14 POST HORN PL	13 STREET ADDRESS	
CITY-ST-ZIP	WATERLOO, ONTARIO N2L -5E9	14 CITY-ST-ZIP	
TITLE	DV	21 TITLE	
NAME	MONTEITH, BRUCE	22 NAME	
STREET ADDRESS	231 OLD ABBEYE RD	23 STREET ADDRESS	
CITY-ST-ZIP	WATERLOO, ONTARIO N2K -3A1	24 CITY-ST-ZIP	
TITLE	DV	31 TITLE	
NAME	SHEPHERD, RICHARD	32 NAME	
STREET ADDRESS	252 SHAGBARK CT	33 STREET ADDRESS	
CITY-ST-ZIP	WATERLOO, ONTARIO N2K -2Z7	34 CITY-ST-ZIP	
TITLE	DS	41 TITLE	
NAME	KAY, JAMES K	42 NAME	
STREET ADDRESS	10 JAMES CT	43 STREET ADDRESS	
CITY-ST-ZIP	HEIDELBERG, ONTARIO NOB -1Y0	44 CITY-ST-ZIP	
TITLE	DT	51 TITLE	
NAME	HAYCOCK, DONALD H	52 NAME	
STREET ADDRESS	3 GRAND RIVER DR	53 STREET ADDRESS	
CITY-ST-ZIP	WATERLOO, ONTARIO N2J -4G8	54 CITY-ST-ZIP	
TITLE	DV	61 TITLE	
NAME	ROBERTS, EDWARD	62 NAME	
STREET ADDRESS	387 FORESTLAWN RD	63 STREET ADDRESS	
CITY-ST-ZIP	WATERLOO, ONTARIO N2K -2J4	64 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)(k), 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 617, Florida Statutes, and that my name appears in Block 12, 13, 14, 15, 16, 17, 18, 19, 20, 21, 22, 23, 24, 25, 26, 27, 28, 29, 30, 31, 32, 33, 34, 35, 36, 37, 38, 39, 40, 41, 42, 43, 44, 45, 46, 47, 48, 49, 50, 51, 52, 53, 54, 55, 56, 57, 58, 59, 60, 61, 62, 63, 64, 65, 66, 67, 68, 69, 70, 71, 72, 73, 74, 75, 76, 77, 78, 79, 80, 81, 82, 83, 84, 85, 86, 87, 88, 89, 90, 91, 92, 93, 94, 95, 96, 97, 98, 99, 100.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JUNE 7/96 (519) 725-3313

CR2E034 (3/96)