

**FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00**

**FILED**  
**Apr 16 1998 8:00am**  
**Secretary of State**

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # F95000004492 (3)**

1. Corporation Name  
**CONESTOGA-ROVERS & ASSOCIATES, INC.**



Principal Place of Business <b>2055 NIAGARA FALLS BLVD #3                  NIAGARA FALLS NY 14304</b>	Mailing Address <b>2055 NIAGARA FALLS BLVD #3                  NIAGARA FALLS NY 14304</b>
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified  
**09/15/1995**

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

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 owes or has paid the current year Intangible Personal Property Tax due June 30.  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 **FL** 85 Zip Code

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>DCP</b> <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>ROVERS, FRANK A</b>	1.2 NAME	
STREET ADDRESS	<b>14 POST HORN PL</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>WATERLOO, ONTARIO N2L -5E9</b>	1.4 CITY-ST-ZIP	
TITLE	<b>DV</b> <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MONTEITH, BRUCE</b>	2.2 NAME	
STREET ADDRESS	<b>231 OLD ABBEY RD</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>WATERLOO, ONTARIO N2K -3A1</b>	2.4 CITY-ST-ZIP	
TITLE	<b>DV</b> <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SHEPHERD, RICHARD</b>	3.2 NAME	
STREET ADDRESS	<b>252 SHAGBARK CT</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>WATERLOO, ONTARIO N2K -2Z7</b>	3.4 CITY-ST-ZIP	
TITLE	<b>DS</b> <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>KAY, JAMES K</b>	4.2 NAME	
STREET ADDRESS	<b>10 JAMES CT</b>	4.3 STREET ADDRESS	
CITY-ST-ZIP	<b>HEIDELBERG, ONTARIO NOB -1Y0</b>	4.4 CITY-ST-ZIP	
TITLE	<b>DT</b> <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>HAYCOCK, DONALD H</b>	5.2 NAME	
STREET ADDRESS	<b>3 GRAND RIVER DR</b>	5.3 STREET ADDRESS	
CITY-ST-ZIP	<b>WATERLOO, ONTARIO N2J -4G8</b>	5.4 CITY-ST-ZIP	
TITLE	<b>DV</b> <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>ROBERTS, EDWARD</b>	6.2 NAME	
STREET ADDRESS	<b>367 FORESTLAWN RD</b>	6.3 STREET ADDRESS	
CITY-ST-ZIP	<b>WATERLOO, ONTARIO N2K -2J4</b>	6.4 CITY-ST-ZIP	

14. 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 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed or on an attachment with an address.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

CP2E034 (10/97)