

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
 AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

FILED
Jul 29, 1999 8:00 am
Secretary of State

07-29-1999 90012 032 ***550.00



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

PROFIT CORPORATION
 ANNUAL REPORT
1999

DOCUMENT # **F97000001554**

1. Corporation Name
MOLLENBERG-BETZ, INC.

Principal Place of Business

300 SCOTT STREET
 BUFFALO NY 14204

Mailing Address

300 SCOTT STREET
 BUFFALO NY 14204

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/26/1997

4. FEI Number

16-0556950

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 the current year
 Intangible Personal Property. Yes No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

24 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

9. Name and Address of Current Registered Agent

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

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 title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PCD MOLLENBERG, HENRY V	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	300 SCOTT ST	1.2 NAME	
STREET ADDRESS	BUFFALO NY	1.3 STREET ADDRESS	
CITY-ST-ZIP		1.4 CITY-ST-ZIP	
TITLE	S CAMARRE, JAMES P	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	300 SCOTT ST	2.2 NAME	
STREET ADDRESS	BUFFALO NY	2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	T BENSON, RICHARD B	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	1869 POST RD E.	3.2 NAME	
STREET ADDRESS	WESTPORT CT	3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	D BENSON, JAMES M	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	300 SCOTT ST	4.2 NAME	
STREET ADDRESS	BUFFALO NY	4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	V KILJANSKI, JOSEPH	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	300 SCOTT ST	5.2 NAME	
STREET ADDRESS	BUFFALO NY	5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	D DEDECKER III, ADRIAN F	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	334 DELAWARE AVE	6.2 NAME	
STREET ADDRESS	BUFFALO NY	6.3 STREET ADDRESS	
CITY-ST-ZIP		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: *James P. Camarre* (716) 7/20/99 614-PIPE

CR2E034 (5/99)