

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

PROFIT CORPORATION ANNUAL REPORT 1999



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

FILED

99 OCT 25 PM 12:35

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT #

AMHERST SYSTEMS, INC.

Principal Place of Business

FCR1000000002

Mailing Address

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

21 3539 SOUTH EASTERN AVE

2a. Mailing Address

26 3539 SOUTH EASTERN AVE

3. Date Incorporated or Qualified

10/18/91

4. FEI Number

16-1045733

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 Tax. Yes No

22 City & State
23 LAS VEGAS NV

27 City & State
28 LAS VEGAS NV

24 Zip Country
89109 USA

29 Zip Country
89109 USA

9. Name and Address of Current Registered Agent

CT 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
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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

OFFICERS AND DIRECTORS

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

12.1 NAME: CHARLES E DOWDELL
12.2 STREET ADDRESS: 30 WILSON ROAD
12.3 CITY-STATE-ZIP: BUFFALO, NY 14221-7082
12.4 TITLE: VP/S/T/D
12.5 NAME: DONALD A HESS
12.6 STREET ADDRESS: 30 WILSON ROAD
12.7 CITY-STATE-ZIP: BUFFALO, NY 14221-7082
12.8 TITLE: VP/D
12.9 NAME: KENNETH S GREENBERG
12.10 STREET ADDRESS: 1266 E. MAIN ST, SUITE 620
12.11 CITY-STATE-ZIP: STAMFORD, CT. 06902
12.12 TITLE: VP/AT/D
12.13 NAME: WILLIAM J COLLINS
12.14 STREET ADDRESS: 1266 E. MAIN ST, SUITE 620
12.15 CITY-STATE-ZIP: STAMFORD, CT. 06902
12.16 TITLE: VP/D
12.17 NAME: CHARLES E. MATTHEWS
12.18 STREET ADDRESS: 1266 E. MAIN ST, SUITE 620
12.19 CITY-STATE-ZIP: STAMFORD, CT 06902
12.20 TITLE: AT
12.21 NAME: WILLIAM J. POSTIGLIONE
12.22 STREET ADDRESS: 1266 E. MAIN ST, SUITE 620
12.23 CITY-STATE-ZIP: STAMFORD, CT 06902

13.1 TITLE
13.2 NAME
13.3 STREET ADDRESS
13.4 CITY-STATE-ZIP
21 TITLE: 100003032948
21.1 NAME: -11/02/99-01089-010
21.2 STREET ADDRESS: ****550.00 ****550.00
21.3 CITY-STATE-ZIP
31 TITLE
31.1 NAME
31.2 STREET ADDRESS
31.3 CITY-STATE-ZIP
41 TITLE
41.1 NAME
41.2 STREET ADDRESS
41.3 CITY-STATE-ZIP
51 TITLE
51.1 NAME
51.2 STREET ADDRESS
51.3 CITY-STATE-ZIP
61 TITLE
61.1 NAME
61.2 STREET ADDRESS
61.3 CITY-STATE-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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/8/99

Date

(203) 359-3052

Daytime Phone #

WILLIAM J POSTIGLIONE / ASST TREASURER

CR2E034 (11/98)