


**2004 LIMITED LIABILITY COMPANY ANNUAL REPORT**

3) **FILED**  
**Apr 02, 2004 8:00 am**  
**Secretary of State**

03-10-2004 90186 043 \*\*\*\*50.00

**DOCUMENT # M95000000363**

1. Entity Name  
**DAVIS-ULMER, L.L.C.**



Principal Place of Business <b>ONE COMMERCE DRIVE          AMHERST, NY 14228</b>	Mailing Address <b>ONE COMMERCE DRIVE          AMHERST, NY 14228</b>
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**34002563**



02132004 No Chg-LLC CR2E083 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>16-1379838</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required
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6. Name and Address of Current Registered Agent

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

**DO NOT WRITE IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: *[Signature]* *myr* 2/20/04  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**Filing Fee is \$50.00  
 Due by May 1, 2004**

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM ULMER, R. STEVEN ONE COMMERCE DRIVE AMHERST, NY 142282395
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**DO NOT WRITE IN THIS SPACE**

11. 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 report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 606, Florida Statutes.

SIGNATURE: *[Signature]* *myr* 3-26-04 716-691-3200  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #