

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # 819356 (7)  
1. Corporation Name  
ROCHESTER MIDLAND CORPORATION



Principal Place of Business

333 HOLLENBECK ST.  
P.O. BOX 1515  
ROCHESTER NEW YORK 14600

Mailing Address

333 HOLLENBECK ST.  
P.O. BOX 1515  
ROCHESTER NEW YORK 14600

3. Date Incorporated or Qualified  
01/01/1966

3a. Date of Last Report  
05/01/1995

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

30 Country

4. FEI Number

16-0612150

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

10. Name and Address of New Registered Agent

HACKETT-ED  
5311 WEST CRENSHAW STREET  
TAMPA FL 33634

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 607.1506, 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 607.0506, 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

TITLE PD ☐ DELETE

NAME CALKINS, H. D.  
STREET ADDRESS 105 COUNTRY CLUB DR.  
CITY- ST- ZIP ROCHESTER NY

TITLE S ☐ DELETE

NAME INGERSOLL, MARY K  
STREET ADDRESS 41 OLD COUNTRY LANE  
CITY- ST- ZIP FAIRPORT NY

TITLE C ☐ DELETE

NAME MILLER, D. M.  
STREET ADDRESS 19 KATHRENE CT.  
CITY- ST- ZIP WEBSTER NY

TITLE VD ☐ DELETE

NAME LUTHRO, J. O.  
STREET ADDRESS 1240 STOCKBRIDGE RD.  
CITY- ST- ZIP WEBSTER NY

TITLE V ☐ DELETE

NAME BARTLETT, G.W.  
STREET ADDRESS 4846 RIDGEWOOD CREEK DR.  
CITY- ST- ZIP ACWORTH GA

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY- ST- ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY- ST- ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY- ST- ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY- ST- ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY- ST- ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY- ST- ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY- ST- ZIP

300001836203  
-05/23/96--01013--023  
\*\*\*200.00

5-1-96 OR

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

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DOUGLAS M. MILLER 3/27/96

Date

716 336-2200

Display Phone

CR2E034 (12/95)