

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 06, 2006 08:00 AM
Secretary of State

DOCUMENT # 819356 1. Entity Name ROCHESTER MIDLAND CORPORATION	
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Principal Place of Business 333 HOLLENBECK ST. ROCHESTER, NY 14621	Mailing Address PO BOX 31515 ROCHESTER, NY 14603
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03282006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 16-0612150	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent CT CORPORATION SYSTEM 1200 S PINE ISLAND RD PLANTATION, FL 33324
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**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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be
Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD COYNER, MICHAEL 333 HOLLENBECK STREET ROCHESTER, NY 14621
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S INGERSOLL, MARY K 333 HOLLENBECK STREET ROCHESTER, NY 14621
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V CHEN, L 333 HOLLENBECK STREET ROCHESTER, NY 14621
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD CALKINS, H D 333 HOLLENBECK STREET ROCHESTER, NY 14621
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD PAYNTER, GLENN 333 HOLLENBECK STREET ROCHESTER, NY 14621
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BROWN, GORDON JR 276 TAYLOR ROAD HONEYE FALLS, NY 14472

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04/20/06-80050-016 150.0

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Jimmy Edellack Controller
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/29/06
Date

585-336-2200
Daytime Phone #