

**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**May 02, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # F93000000840**

1. Entity Name  
**BENCHMARK O.P. CORP.**



Principal Place of Business

**4053 MAPLE ROAD  
AMHERST, NY 14226**

Mailing Address

**4053 MAPLE ROAD  
AMHERST, NY 14226**



04262006 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**16-1431998**

Applied For

Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional  
Fee Required

8. Name and Address of Current Registered Agent

**CT CORPORATION SYSTEM  
1200 S. PINE ISLAND ROAD  
PLANTATION, FL 33324**

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

(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  
NARINS, CLARK H  
4053 MAPLES ROAD  
AMHERST, NY 14226**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**VPSD  
GELLMAN, GEORGE  
4053 MAPLES ROAD  
AMHERST, NY 14226**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**V  
LONGO, STEVEN J  
4053 MAPLES ROAD  
AMHERST, NY 14226**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**VPTD  
GELLMAN, ARTHUR M  
4053 MAPLES ROAD  
AMHERST, NY 14226**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

000000558082  
05/17/06-80080-017 150.00

**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:

*Steven J. Longo*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**Steven J. Longo**  
**Vice President**

4/28/06 (716)833-4986  
Date Daytime Phone #