FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

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

APPROVED AND FILED
95 MAY -1 PM 3:17
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 217305 (2)

1. Corporation Name
RACE TRACK CONCESSIONS INC

Principal Place of Business	Mailing Address
438 MAIN STREET BUFFALO NY 14202	438 MAIN STREET BUFFALO NY 14202

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 11/17/1958
3a. Date of Last Report: 05/01/1994
4. FEI Number: 59-0855042 ☐ 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

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 Country 25	Zip 29 Country 30

9. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 S. 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 ______ DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	V	1.1 TITLE	VT ☐ Change ☒ Addition
NAME	DANIELS, NORMAN W.	1.2 NAME	SMITH, GORDON C.
STREET ADDRESS	438 MAIN STREET	1.3 STREET ADDRESS	438 MAIN STREET
CITY ST ZIP	BUFFALO, NY 00000	1.4 CITY ST ZIP	BUFFALO, NY
TITLE	PD	2.1 TITLE	AS ☐ Change ☒ Addition
NAME	THOMPSON, MICHAEL F.	2.2 NAME	CHAMBERS, DAVID J.G.
STREET ADDRESS	438 MAIN STREET	2.3 STREET ADDRESS	438 MAIN STREET
CITY ST ZIP	BUFFALO, NY 00000	2.4 CITY ST ZIP	BUFFALO NY
TITLE	VT	3.1 TITLE	D ☒ Change ☐ Addition
NAME	RAHUBA, JESSICA N.	3.2 NAME	RAHUBA, JESSICA
STREET ADDRESS	438 MAIN STREET	3.3 STREET ADDRESS	438 MAIN STREET
CITY ST ZIP	BUFFALO, NY 00000	3.4 CITY ST ZIP	BUFFALO, NY
TITLE	S	4.1 TITLE	☐ Change ☐ Addition
NAME	TRYBUS, JANICE R.	4.2 NAME	
STREET ADDRESS	438 MAIN STREET	4.3 STREET ADDRESS	
CITY ST ZIP	BUFFALO, NY 00000	4.4 CITY ST ZIP	
TITLE	D	5.1 TITLE	☐ Change ☐ Addition
NAME	KELLER, BRYAN J.	5.2 NAME	
STREET ADDRESS	438 MAIN STREET	5.3 STREET ADDRESS	
CITY ST ZIP	BUFFALO, NY 00000	5.4 CITY ST ZIP	
TITLE	D	6.1 TITLE	D DELETE ☒ Change ☐ Addition
NAME	SZEFEL, DENNIS J.	6.2 NAME	SZEFEL, DENNIS J.
STREET ADDRESS	438 MAIN STREET	6.3 STREET ADDRESS	438 MAIN STREET
CITY ST ZIP	BUFFALO, NY 00000	6.4 CITY ST ZIP	BUFFALO, NY

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: Janice R. Trybus Secy JANICE R. TRYBUS 4/28/95 (716) 858-5000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR · Date · Daytime Phone #

0001083 CP