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May 14 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **819465** (6)

1. Corporation Name
RICH PRODUCTS CORPORATION

Principal Place of Business
**1150 NIAGARA STREET
P.O. BOX 245
BUFFALO NY 14240
US**

Mailing Address
**1150 NIAGARA ST.
P.O. BOX 245
BUFFALO NY 14240-0245
US**

3. Date Incorporated or Qualified **03/25/1966** 3a. Date of Last Report **05/01/1996**

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 25 29 30

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

4. FEI Number

16-0903761

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing

☐

**\$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

**PRENTICE-HALL CORPORATION SYSTEM, INC.
1201 HAYES ST.
STE. 105
TALLAHASSEE FL 32301**

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

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 **SC** ☐ DELETE
NAME **RICH, DAVID**
STREET ADDRESS **ONE WEST FERRY ST**
CITY-ST-ZIP **BUFFALO, NY 0**

TITLE **T** ☐ DELETE
NAME **HADDAD, JAMES R.**
STREET ADDRESS **ONE WEST FERRY ST**
CITY-ST-ZIP **BUFFALO, NY 0**

TITLE **D** ☐ DELETE
NAME **RICH, JANET**
STREET ADDRESS **1150 NIAGARA ST.**
CITY-ST-ZIP **BUFFALO, NY 0**

TITLE **P** ☐ DELETE
NAME **RICH, ROBERT E, JR**
STREET ADDRESS **1150 NIAGARA ST**
CITY-ST-ZIP **BUFFALO NY**

TITLE **C** ☐ DELETE
NAME **RICH, ROBERT E**
STREET ADDRESS **1150 NIAGARA ST**
CITY-ST-ZIP **BUFFALO NY**

TITLE **D** ☐ DELETE
NAME **GOLDEN, JONATHON**
STREET ADDRESS **FULTON FEDERAL BLDG**
CITY-ST-ZIP **ATLANTA, GA 0**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **Senior Vice President** ☐ Change ☒ Addition
1.2 NAME **Maureen O. Hurley**
1.3 STREET ADDRESS **1150 Niagara Street**
1.4 CITY-ST-ZIP **Buffalo, New York 14213**

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

14. I do 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 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:

Maureen O. Hurley
Maureen O. Hurley

4/25/97

(716) 878-8000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

0007081

CR2E034 (9/96)