

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # 820890 (2)

1. Corporation Name

SPORTSERVICE CORPORATION



Principal Place of Business

Mailing Address

438 MAIN STREET  
BUFFALO NEW YORK 14202

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BUFFALO NEW YORK 14202

3. Date Incorporated or Qualified 11/13/1967	3a. Date of Last Report 05/01/1995
4. FEI Number 16-0848422	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	S	1.1 TITLE	COO
NAME	TRYBUS, JANICE R.	1.2 NAME	GREEN, EDWARD L.
STREET ADDRESS	438 MAIN STREET	1.3 STREET ADDRESS	438 MAIN ST
CITY-ST-ZIP	BUFFALO NY	1.4 CITY-ST-ZIP	BUFFALO, NY 14202
TITLE	VT	2.1 TITLE	V-OPERATIONS
NAME	SMITH, GORDON C	2.2 NAME	SMITH, GORDON C.
STREET ADDRESS	438 MAIN STREET	2.3 STREET ADDRESS	438 MAIN ST
CITY-ST-ZIP	BUFFALO NY	2.4 CITY-ST-ZIP	BUFFALO, NY 14202
TITLE	D	3.1 TITLE	VT
NAME	KELLER, BRYAN J.	3.2 NAME	LIBERTO, NICHOLAS
STREET ADDRESS	438 MAIN STREET	3.3 STREET ADDRESS	438 MAIN ST
CITY-ST-ZIP	BUFFALO NY	3.4 CITY-ST-ZIP	BUFFALO, NY 14202
TITLE	D	4.1 TITLE	PD
NAME	RAHUBA, JESSICA	4.2 NAME	THOMPSON, MICHAEL F.
STREET ADDRESS	438 MAIN STREET	4.3 STREET ADDRESS	438 MAIN ST
CITY-ST-ZIP	BUFFALO NY	4.4 CITY-ST-ZIP	BUFFALO, NY 14202
TITLE	V	5.1 TITLE	D
NAME	DANIELS, NORMAN J.	5.2 NAME	JACOBS, JEREMY M., JR.
STREET ADDRESS	438 MAIN STREET	5.3 STREET ADDRESS	438 MAIN ST
CITY-ST-ZIP	BUFFALO NY	5.4 CITY-ST-ZIP	BUFFALO, NY 14202
TITLE	V	6.1 TITLE	AS
NAME	DANIELS, NORMAN W.	6.2 NAME	CHAMBERS, DAVID J.G.
STREET ADDRESS	438 MAIN STREET	6.3 STREET ADDRESS	438 MAIN ST
CITY-ST-ZIP	BUFFALO NY	6.4 CITY-ST-ZIP	BUFFALO, NY 14202

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

V-NORMAN W. DANIELS 4/8/96 (716) 858-5000

Date

Daytime Phone #

CR2E034 (12/95)