FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

STREET ADDRESS

SIGNATURE:

CITY-ST-ZIP

Apr 28 1998 8:00am **PROFIT** FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State Secretary of State 1998 DIVISION OF CORPORATIONS 831992 DOCUMENT # RIEDMAN CORPORATION Principal Place of Business Mailing Address 45 EAST AVENUE 45 EAST AVENUE ROCHESTER, NEWYORK 14804 ROCHESTER. NEWYORK 14804 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 03/18/1974 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 16-0807638 Not Applicable 21 26 Suite, Apt. #. etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution П Added to Fees 23 28 Ζφ Ζıp Country 8. This corporation owes or has paid the current year Intangible 24 29 Personal Property Tax due June 30. ☐ Yes 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent STEWART, GERALD A. 81 Name 125 SOUTH 2ND ST. Street Address (P.O. Box Number is Not Acceptable) FT.PIERCE FL 34950 83 84 City 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 registored 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 10/97 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. Œ DELETE Change Addition TITLE 11 TITLE RIEDMAN, JOHN R 1.2 NAME NAME CRZE034 **45 EAST AVENUE** STREET ADDRESS 1.3 STREET ADDRESS ROCHESTER, NY 00000 1.4 CITY-ST-ZIP CITY-ST-7iP DELETE Change Addition TITLE 2.1 TITLE RIEDMAN, JAMES R. NAME 2.2 NAME 45 EAST AVENUE STREET ADDRESS 2.3 STREET ADORESS ROCHESTER, NY 00000 CITY-ST-ZIP 2 4 CITY - ST - ZIP DELETE 31 TITLE ☐ Addition TITLE RUFF, JANET H 32 NAME NAME **45 EAST AVENUE** STREET ADDRESS 3 3 STREET ADDRESS ROCHESTER, NY 00000 3.4. CITY-ST-ZIP CITY-ST-7IP DELETE 4.1 TITLE Change ■ Addition WEAVER, GEOFFREY M. NAME 4. 2 NAME 45 EAST AVENUE 4.3 STREET ADDRESS STREET ADDRESS **ROCHESTER NY** 4.4 CITY-ST-ZIP CITY-ST-ZIP DELETE Change Addition TITLE 5.1 TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP DELETE Change Addition TITLE 6.1 TITLE NAME 6.2 NAME

6.3 STREET ADDRESS

14. I hereby certify that the information supplied with this filling 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 trustice empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 13 if changed, or on an attachment with an address.

FILED