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PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # 831992

1. Corporation Name
RIEDMAN CORPORATION



Principal Place of Business: 45 EAST AVENUE ROCHESTER, NEWYORK 14604
 Mailing Address: 45 EAST AVENUE ROCHESTER, NEWYORK 14604

DO NOT WRITE IN THIS SPACE

| | | | | | |
|--------------------------------|--|---------------------|--|---|--|
| 2. Principal Place of Business | | 2a. Mailing Address | | 3. Date Incorporated or Qualified | |
| 21 | | 26 | | 03/18/1974 | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | 4. FEI Number | |
| 22 | | 27 | | 16-0807638 | |
| City & State | | City & State | | Applied For | |
| 23 | | 28 | | Not Applicable | |
| Zip Country | | Zip Country | | 5. Certificate of Status Desired | |
| 24 | | 29 | | 30 | |
| 25 | | 30 | | 8. This corporation owes the current year intangible Personal Property Tax. | |
| 25 | | 30 | | <input type="checkbox"/> Yes <input type="checkbox"/> No \$8.75 Additional Fee Required \$5.00 May Be Added to Fees | |

9. Name and Address of Current Registered Agent

STEWART, GERALD A.
 125 SOUTH 2ND ST.
 FT. PIERCE FL 34950

10. Name and Address of New Registered Agent

| | | |
|---|--------------------|----------------------|
| 81 Name | Joseph A. Ashbrook | |
| 82 Street Address (P.O. Box Number is Not Acceptable) | 2424 Jenks Avenue | |
| 83 City | Panama City, Fl | 32402-1670 |
| 84 City | Panama City | FL 85 Zip Code 32402 |

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: *Joseph A. Ashbrook* DATE: 4.5.99
(Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating))

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|----------------------------|------------------------------------|---|---|
| TITLE | CD <input type="checkbox"/> DELETE | 1.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | RIEDMAN, JOHN R | 1.2 NAME | |
| STREET ADDRESS | 45 EAST AVENUE | 1.3 STREET ADDRESS | |
| CITY-ST-ZIP | ROCHESTER, NY 00000 | 1.4 CITY-ST-ZIP | |
| TITLE | PD <input type="checkbox"/> DELETE | 2.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | RIEDMAN, JAMES R. | 2.2 NAME | |
| STREET ADDRESS | 45 EAST AVENUE | 2.3 STREET ADDRESS | |
| CITY-ST-ZIP | ROCHESTER, NY 00000 | 2.4 CITY-ST-ZIP | |
| TITLE | S <input type="checkbox"/> DELETE | 3.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | RUFF, JANET H | 3.2 NAME | |
| STREET ADDRESS | 45 EAST AVENUE | 3.3 STREET ADDRESS | |
| CITY-ST-ZIP | ROCHESTER, NY 00000 | 3.4 CITY-ST-ZIP | |
| TITLE | V <input type="checkbox"/> DELETE | 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | WEAVER, GEOFFREY M. | 4.2 NAME | |
| STREET ADDRESS | 45 EAST AVENUE | 4.3 STREET ADDRESS | |
| CITY-ST-ZIP | ROCHESTER NY | 4.4 CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> DELETE | 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 5.2 NAME | |
| STREET ADDRESS | | 5.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 5.4 CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> DELETE | 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 6.2 NAME | |
| STREET ADDRESS | | 6.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 6.4 CITY-ST-ZIP | |

14. I 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, with all other like empowered.

SIGNATURE: *Geoffrey M. Weaver, Jr* DATE: *4.5.99* DAYTIME PHONE #: 716-232-4424
(SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR)

CR2E034 (1/98)