

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

FILED
Apr 07, 1999 8:00 am
Secretary of State

04-07-1999 90040 037 ***150.00

DOCUMENT # 831992

1. Corporation Name
RIEDMAN CORPORATION

Principal Place of Business
45 EAST AVENUE
ROCHESTER, NEW YORK 14604

Mailing Address
45 EAST AVENUE
ROCHESTER, NEW YORK 14604

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/18/1974

4. FEI Number

16-0807638

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 owes the current year intangible
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

29 Zip Country

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

(NOTE: Registered Agent signature required when reinstating)

DATE

4.5.99

12. OFFICERS AND DIRECTORS

TITLE CD ☐ DELETE
NAME RIEDMAN, JOHN R
STREET ADDRESS 45 EAST AVENUE
CITY-ST-ZIP ROCHESTER, NY 00000

TITLE PD ☐ DELETE
NAME RIEDMAN, JAMES R.
STREET ADDRESS 45 EAST AVENUE
CITY-ST-ZIP ROCHESTER, NY 00000

TITLE S ☐ DELETE
NAME RUFF, JANET H
STREET ADDRESS 45 EAST AVENUE
CITY-ST-ZIP ROCHESTER, NY 00000

TITLE V ☐ DELETE
NAME WEAVER, GEOFFREY M.
STREET ADDRESS 45 EAST AVENUE
CITY-ST-ZIP ROCHESTER NY

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

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 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
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Vice President

Date

716-232-4424
Daytime Phone #

CR2E034 (1/98)