
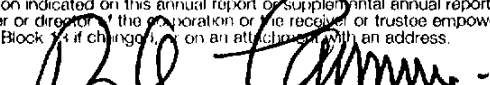


FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

FILED

Mar 08 1996 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1996		 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # 837412 (6) 1. Corporation Name 13 TAMS, INC.			
Principal Place of Business ONE M & T PLAZA TAX DEPT. - 6TH FL. BUFFALO NY 14203-2399 US		Mailing Address ONE M & T PLAZA TAX DEPT. - 6TH FL. BUFFALO NY 14203-2399 US	
2. Principal Place of Business 21 One M&T Plaza Suite, Apt. #, etc. 22 Counsel's Office, 12th Fl. City & State 23 Buffalo, New York Zip 24 14240		2a. Mailing Address 26 One M&T Plaza Suite, Apt. #, etc. 27 Counsel's Office, 12th Fl. City & State 28 Buffalo, New York Zip 29 14240 Country 30 U.S.A.	
3. Date Incorporated or Qualified 11/19/1976 (Qual.)			
3a. Date of Last Report 01/31/1995			
4. FEI Number 16-1085541			
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 checked="" type="checkbox"/> No			
9. Name and Address of Current Registered Agent CT CORPORATION SYSTEM 1200 S. PINE ISL RD 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 NAME STREET ADDRESS CITY-ST-ZIP	PD VARDON, JAMES L. ONE M & T PLAZA BUFFALO NY	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	C/P/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Zip: 14240
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD PAUL, GARY S. ONE M & T PLAZA BUFFALO NY	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Zip: 14240
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD LAMMERT, RICHARD A. ONE M & T PLAZA BUFFALO NY	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Zip: 14240
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C PINTO, MICHAEL P. ONE M&T PLAZA BUFFALO NY.	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Controller Zip: 14240
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V Scanlon, Thomas J., Jr. One Fountain Plaza Buffalo, NY 14203	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Assistant Controller Chang, William K. 350 Park Avenue New York, NY 10021	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
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: 		2/12/96. (716) 842-5390	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Richard A. Lammert, Secretary			

CR2E034 (12/95)

837412 (led)

Manufacturers and Traders Trust Company
One M&T Plaza, Buffalo, New York 14240
(716) 842-5688
Fax: (716) 842-5376

Marie King
Corporate Paralegal
Counsel's Office

March 1, 1996

Division of Corporations
Annual Reports Section
P.O. Box 1500
Tallahassee, FL 32302-1500

Re: 13 Tams, Inc.

Dear Sir or Madam:

On behalf of 13 Tams, Inc., enclosed are the following documents:

- (1) 1996 Profit Corporation Annual Report; and
- (2) check in the amount of \$200.00 in payment of the filing fee.

Should you have any questions, please do not hesitate to contact the undersigned.

Very truly yours,

Marie King

MK
Enclosures