

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 14, 1999 8:00 am  
Secretary of State

04-14-1999 90147 048 \*\*\*150.00

DOCUMENT # 852884

1. Corporation Name

BARRISTER INFORMATION SYSTEMS CORPORATION

Principal Place of Business

465 MAIN ST  
BUFFALO NY 14203-1788  
US

Mailing Address

465 MAIN ST  
BUFFALO NY 14203-1788  
US

Incorrect

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/18/1982 8-11-97

4. FEI Number

16-1176561

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.

22 City & State

23 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

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

TITLE VDT ☐ DELETE

NAME BEYER, RICHARD P.  
STREET ADDRESS 465 MAIN ST  
CITY-ST-ZIP BUFFALO, NY 00000

TITLE D ☐ DELETE

NAME MORGAN, JAMES  
STREET ADDRESS 34 IRONWOOD CT  
CITY-ST-ZIP AMHERST, NY

TITLE VD ☐ DELETE

NAME MCPHERSON, RICHARD E  
STREET ADDRESS 465 MAIN ST  
CITY-ST-ZIP BUFFALO, NY 00000

TITLE PD ☐ DELETE

NAME SEMMELHACK, HENRY P  
STREET ADDRESS 465 MAIN ST  
CITY-ST-ZIP BUFFALO, NY 00000

TITLE S ☐ DELETE

NAME DONADIO, MARK C.  
STREET ADDRESS 3291 BRENTWOOD DRIVE  
CITY-ST-ZIP YOUNGSTOWN NY

TITLE D ☐ DELETE

NAME BARRY, FRANKLYN S JR  
STREET ADDRESS 699 HARTEL AVE  
CITY-ST-ZIP BUFFALO NY

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

PLEASE SEE  
ATTACHED Schedules  
TO UPDATE STATUS OF  
PERSONNEL.

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)

0556712