FILED
May 06, 2002 8:00 am
Secretary of State

05-06-2002 90057 007 ***150.00

FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F00000000801

1. Entity Name

Benchmark Waverley Properties, Inc.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
4053 Maple Road	4053 Maple Road
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Amherst, NY	City & State: Amherst, NY
Zip: 14226 Country: USA	Zip: 14226 Country: USA

DO NOT WRITE IN THIS SPACE

4. FEI Number: 16-1581007 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: CT Corporation System

Street Address (P.O. Box Number is Not Acceptable): 1200 South Pine Island Road

City: Plantation FL Zip Code: 33324

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	PD	TITLE	
NAME	Narins, Clarke H.	NAME	
STREET ADDRESS	4053 Maple Road	STREET ADDRESS	
CITY-ST-ZIP	Amherst, NY 14226	CITY-ST-ZIP	
TITLE	VTD	TITLE	
NAME	Gellman, George I.	NAME	
STREET ADDRESS	4053 Maple Road	STREET ADDRESS	
CITY-ST-ZIP	Amherst, NY 14226	CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	DO NOT WRITE
TITLE	S	TITLE	
NAME	Gellman, Arthur M.	NAME	IN THIS SPACE
STREET ADDRESS	4053 Maple Road	STREET ADDRESS	
CITY-ST-ZIP	Amherst, NY 14226	CITY-ST-ZIP	
TITLE	VAT	TITLE	
NAME	Longo, Steven J.	NAME	
STREET ADDRESS	4053 Maple Road	STREET ADDRESS	
CITY-ST-ZIP	Amherst, NY 14226	CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

13. 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 report or supplemental 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 11 or on an attachment with an address, with all other like empowered.

SIGNATURE: Steven J. Longo Steven J. Longo Vice President 4/24/02

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date

CR2E034B (12/01)