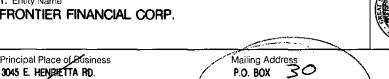
2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

Apr 21, 2003 8:00 am \$ Secretary of State 04-21-2003 91052 020 ***150.00

DOCUMENT #	F01000003332	
1. Entity Name FRONTIER FINANCIAL	CORP.	



		,,,,		,							
Principal Place 3045 E. HENE HENRIETTA N		P.O.	ng Address BOX 30 T HENRIETTA NY 14	1586							
2. Principal F	/ 	AV P	illing Address O Box te, Apt. #, etc.	30				A 2			1151 0 11 4 1 1 34 1
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			est Henr			JY	4. F	16-1514142			plied For t Applicable
146	Country Country Country A decided of Country Country	urrent Register	5-86 _ ed Agent	Count	ŠA.		٠	Certificate of Status Desired	aistered	\$8.75 Add Fee Require	
0 T 000					Name	MAR		SQUIRES/	400	SQUIR	
	Poration System ITH Pine Island Road					ddress (F	.O. B	ox Number is Not Acceptable)		<u> </u>	
	ON FL 33324			}		<u> </u>		CCNTURT	<u> </u>	<u>-</u>	
					City -Z	EP	H Y	RHILLS	FL	Zip Code	 <41
	named entity submits this state ions of registered agent	ment for the purp	oose of changing its	s registere	d office or	registere	d age	ent, or both, in the State of Flor	ida. I am	familiar with,	and accept
SIGNATURE .	An Speur	ed agent and title if app	AGENT	TE: Registered	Agent signati	ure required	when rei	instating)	4/1	8/03	<u> </u>
F	ILE NOW!!! FEE IS \$150.	00						O Station Committee Six			^ -
	r May 1, 2003 Fee will be \$5 c Payable to Florida Departn							Election Campaign Fina Trust Fund Contribution			0 May Be to Fees
10.		S AND DIRECTO	DRS	11.		···	AD	DITIONS/CHANGES TO OFFI	CERS AN		3 IN 11
TITLE NAME	CPST SQUIRES, MARK		☐ Delete	TITLE						Change	☐ Addition
STREET ADDRESS	3045 E. HENRIETTA RD.	com	ection		T ADDRESS			RIDGEWAY AVE			
CITY-ST-ZIP	HENRIETTA NY 14467	<u> </u>		CITY-	ST-ZIP	Ro	CH	ESTER NY	4626	, 2	
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STREET ADDRESS					T ADDRESS						
CITY-ST-ZIP	<u> </u>			CITY-	ST-ZIP						
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STREET ADDRESS					T ADDRESS						i
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12. I hereby certify that the information supplied with this filing obes 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 epop 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 of the execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: