


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 07, 2005 08:00 AM
Secretary of State

DOCUMENT # F02000006458 1. Entity Name TAMPA BAY GROUND LEASE GENERAL PARTNER CORPORATION	
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Principal Place of Business 270 COMMERCE DRIVE ROCHESTER, NY 14623	Mailing Address 270 COMMERCE DRIVE ROCHESTER, NY 14623
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01122005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 74-3073508	Applied For Not Applicable
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5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324

**DO NOT WRITE
IN THIS SPACE**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____

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

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD GLAZER, EDWARD 270 COMMERCE DRIVE ROCHESTER, NY 14623
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VAS SONDERICKER, WILLIAM C 270 COMMERCE DRIVE ROCHESTER, NY 14623
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VSTD GLAZER, KEVIN 270 COMMERCE DRIVE ROCHESTER, NY 14623
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD GLAZER, AVRAM 270 COMMERCE DRIVE ROCHESTER, NY 14623
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD GLAZER, JOEL 270 COMMERCE DRIVE ROCHESTER, NY 14623
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD GLAZER, BRYAN 270 COMMERCE DRIVE ROCHESTER, NY 14623

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03/07/05-80074-010 150.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 10 or Block 11 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

William Sondericker, VP

2805

515-359-3000