2006 FOR PROFIT CORPORATION **ANNUAL REPORT**

FILED Feb 13, 2006 8:00 am Secretary of State

02-13-2006 90010 045 ***150.00

NAME SIREET ADDRESS CITY-ST-ZIP ROCHESTER, NY 14623 ITILE VAS SONDERICKER, WILLIAM C STREET ADDRESS CITY-ST-ZIP ROCHESTER, NY 14623 ITILE VSTD ITILE SIREET ADDRESS CITY-ST-ZIP ROCHESTER, NY 14623 ITILE VSTD ITILE VSTD ITILE VSTD ITILE VSTD ITILE SIREET ADDRESS CITY-ST-ZIP ROCHESTER, NY 14623 ITILE ITILE VSTD ITILE VSTD ITILE NAME SIREET ADDRESS CITY-ST-ZIP ROCHESTER, NY 14623 ITILE VD ITILE VD ITILE NAME SIREET ADDRESS CITY-ST-ZIP TITLE VD ITILE VD ITILE VD ITILE NAME SIREET ADDRESS CITY-ST-ZIP TITLE VD ITILE VD ITILE NAME SIREET ADDRESS CITY-ST-ZIP TITLE VD ITILE VD ITILE NAME SIREET ADDRESS CITY-ST-ZIP TITLE VD ITILE VD ITILE NAME SIREET ADDRESS CITY-ST-ZIP TITLE TO COMMERCE DRIVE TO COMMERCE DRIVE TO	1. Entity Nam	BAY GROUND LEASE GEN						02-13-20	006 90010	045 ***1	50.00
Suite, Apt. 4, etc.	270 COMME	RCE DRIVE	270 COMMERCE DRIV	270 COMMERCE DRIVE			: (84) 114 114 115 115 115 115 115 115 115 115 115 115 115 115 115 115 115				
City & State City & State City & State Country Country Zip Country Zip Country Zip Country Zip Country Size Requised 5. Certificate of Status Desired 8. Rame and Address of Current Registered Agent 7. Name and Address of New Registered Agent CCT CORPORATION SYSTEM Size Address (P.O. Box Number is Not Acceptable) Size Address (P.O. Box Number is Not Acceptable) Size Address (P.O. Box Number is Not Acceptable) City FL Zip Code City FL Zip Code City FL Zip Code 8. The above named entity submits this statement for the purpose of changing its registered agent or both. in the State of Florida. I am familiar with, and acceptable of Programment Agent and the Programment Agent agent agent and the Programment Agent agen	2. Principal P	tace of Business	3. Mailing Address	ailing Address							
T4-3073508			Suite, Apt. #, etc.				01182006	Chg-P	CR2E	034 (11/05)	
6. Name and Address of Current Registered Ayant 7. Name and Address of New Registered Ayant C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324 City FL Zip Code 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 acceptable of the obligations of registered agent, placed or general name of agent and title of agentable (NOTE Registered Ayent pyratine received agent, or both, in the State of Florida. I am familiar with, and acceptable of the obligations of registered agent, placed or general name of agent and title of agentable (NOTE Registered Ayent pyratine received agent, or both, in the State of Florida. I am familiar with, and acceptable of the obligations of registered agent, placed or general name of agent agent and title of agentable (NOTE Registered Ayent pyratine received agent, or both, in the State of Florida. I am familiar with, and acceptable of the obligations of registered agent, or both, in the State of Florida. I am familiar with, and acceptable of the obligations of registered agent, or both, in the State of Florida. I am familiar with, and acceptable of the obligations of registered agent, or both, in the State of Florida. I am familiar with, and acceptable of the obligations of registered agent, or both, in the State of Florida. I am familiar with, and acceptable of the obligations of registered agent, or both, in the State of Florida. I am familiar with, and acceptable of the obligations of registered agent, or both, in the State of Florida. I am familiar with, and acceptable of the State of Florida of the Other State of Florida of Trust Fund Controllar	City & State		,								·
Name Street Address (P.O. Box Number is Not Acceptable) Street Address (P.O. Box Number is Not Acceptable)	Zip 		Country Zip Co		y 		5. Certificate of	f Status Desired			
Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code City City City City City City City FL City		6. Name and Address of Current	Registered Agent -		Name		7. Name and	Address of New	Registered	Agent-	
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, higher or printed man of septemed agent and title of appleabable. (NOTE Registered Agent segretary required when rentatives) DATE FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11. ITIE PD Added to Fees Citry-Si-ZiP Commerce Drive STREET ADDRESS SONDERICKER, WILLIAM C TITLE VSTD Delete TITLE TO COMMERCE DRIVE TO COMMERCE DRIVE TO COMMERCE TO COMMERC	1200 SOUTH PINE ISLAND ROAD			-							
SIGNATURE TILE NOW!!! FEE IS \$150.00 S. Election Campaign Financing Trust Fund Contribution. Defectors and Directors in 11. ADDITIONS/CHANGES TO OFFICERS AND D				-	City				FL	Zip Cod	9
TITLE NAME GLAZER, EDWARD GLAZER, EDWARD STREET ADDRESS 270 COMMERCE DRIVE CITY-ST-ZIP ROCHESTER, NY 14623 INTLE VAS SONDERICKER, WILLIAM C STREET ADDRESS CITY-ST-ZIP ROCHESTER, NY 14623 INTLE VAS SONDERICKER, WILLIAM C STREET ADDRESS CITY-ST-ZIP ROCHESTER, NY 14623 INTLE VAS SONDERICKER, WILLIAM C STREET ADDRESS CITY-ST-ZIP ROCHESTER, NY 14623 INTLE VSTD DEIGNE STREET ADDRESS CITY-ST-ZIP ROCHESTER, NY 14623 INTLE VSTD STANDARD STREET ADDRESS CITY-ST-ZIP STREET ADDRESS CITY-ST-ZIP ROCHESTER, NY 14623 INTLE VD STREET ADDRESS CITY-ST-ZIP ROCHESTER, NY 14623 INTLE VD STREET ADDRESS CITY-ST-ZIP STREET ADDRESS STREET ADDRESS CITY-ST-ZIP STREET ADDRESS CITY-ST-ZIP STREET ADDRESS CITY-ST	the obligat	ions of registered agent. Signature, typed or printed name of registered agent.	and title if applicable (NC 9. Election Camp	OTE Registered	Agent signatui	ra required	when reinstaling) 00 May Be				
SIREET ADDRESS CITY-ST-ZIP COMMERCE DRIVE ROCHESTER, NY 14623 ITTLE VAS SONDERICKER, WILLIAM C SIREET ADDRESS CITY-ST-ZIP ROCHESTER, NY 14623 ITTLE VSTD GLAZER, KEVIN SIREET ADDRESS CITY-ST-ZIP ROCHESTER, NY 14623 ITTLE VSTD GLAZER, KEVIN SIREET ADDRESS CITY-ST-ZIP ROCHESTER, NY 14623 ITTLE VSTD GLAZER, KEVIN SIREET ADDRESS CITY-ST-ZIP ROCHESTER, NY 14623 ITTLE VD GLAZER, AVRAM SIREET ADDRESS CITY-ST-ZIP ROCHESTER, NY 14623 ITTLE VD GLAZER, AVRAM SIREET ADDRESS CITY-ST-ZIP ROCHESTER, NY 14623 ITTLE VD GLAZER, AVRAM SIREET ADDRESS CITY-ST-ZIP ROCHESTER, NY 14623 ITTLE VD GLAZER, AVRAM SIREET ADDRESS CITY-ST-ZIP ROCHESTER, NY 14623 ITTLE VD GLAZER, AVRAM SIREET ADDRESS CITY-ST-ZIP ROCHESTER, NY 14623 ITTLE VD GLAZER, JOEL SIREET ADDRESS SIREET ADDRESS CITY-ST-ZIP ROCHESTER, NY 14623 ITTLE NAME GLAZER, JOEL SIREET ADDRESS CITY-ST-ZIP ROCHESTER, NY 14623 ITTLE NAME GLAZER, JOEL SIREET ADDRESS SIREET ADDRESS CITY-ST-ZIP ROCHESTER, NY 14623 ITTLE NAME GLAZER, BRYAN SIREET ADDRESS SIREET AD		·					ADDITIONS/0	HANGES TO O	FFICERS ANI	D DIRECTOR	S IN 11
TITLE	NAME STREET ADDRESS	GLAZER, EDWARD 270 COMMERCE DRIVE	□ Defete	NAME STREET	ADDRESS	Dara 170	cie Glaz commi hester	erce Driv	H 23	☐ Change	Addition
NAME SIREET ADDRESS CITY-ST-ZIP TITLE VD GLAZER, AVRAM SIREET ADDRESS CITY-ST-ZIP TITLE VD NAME GLAZER, NY 14623 TITLE NAME GLAZER, AVRAM SIREET ADDRESS CITY-ST-ZIP TITLE VD NAME GLAZER, NY 14623 TITLE NAME GLAZER, AVRAM SIREET ADDRESS CITY-ST-ZIP TITLE VD NAME GLAZER, AVRAM SIREET ADDRESS CITY-ST-ZIP TITLE VD NAME GLAZER, DOEL SIREET ADDRESS CITY-ST-ZIP TITLE VD NAME GLAZER, NY 14623 TITLE NAME SIREET ADDRESS CITY-ST-ZIP TITLE VD ROCHESTER, NY 14623 TITLE NAME SIREET ADDRESS CITY-ST-ZIP TITLE VD GLAZER, BRYAN SIREET ADDRESS SIREET ADRESS SIREET ADDRESS SIRE	NAME STREET ADDRESS	SONDERICKER, WILLIAM C 270 COMMERCE DRIVE	□ Delete	NAME STREET		_150_	,	1 , , , , ,		☐ Change	Addition
NAME STREET ADDRESS CITY-ST-ZIP TITLE VD STREET ADDRESS CITY-ST-ZIP TITLE NAME GLAZER, JOEL STREET ADDRESS CITY-ST-ZIP TITLE VD STREET ADDRESS	NAME STREET ADDRESS	GLAZER, KEVIN 270 COMMERCE DRIVE	☐ Delete	name Street	I					☐ Change	Addition
NAME SIREET ADDRESS CITY-ST-ZIP INTLE VD SIREET ADDRESS GLAZER, BRYAN SIREET ADDRESS	NAME STREET ADDRESS	GLAZER, AVRAM 270 COMMERCE DRIVE	☐ Defete	NAME STREET						☐ Change	Addition
NAME GLAZER, BRYAN HAME STREET ADDRESS 270 COMMERCE DRIVE STREET ADDRESS	NAME STREET ADDRESS	GLAZER, JOEL 270 COMMERCE DRIVE	☐ Delete	NAME STREET						☐ Change	Addition
	NAME STREET ADDRESS	GLAZER, BRYAN 270 COMMERCE DRIVE	☐ Delete	NAME STREET						☐ Change	Addition

12. Thereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119. 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

585-359-3000