

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F02000006458

FILED  
Feb 17, 2009  
Secretary of State

**Entity Name:** TAMPA BAY GROUND LEASE GENERAL PARTNER CORPORATION

**Current Principal Place of Business:**

270 COMMERCE DRIVE  
ROCHESTER, NY 14623

**New Principal Place of Business:**

**Current Mailing Address:**

270 COMMERCE DRIVE  
ROCHESTER, NY 14623

**New Mailing Address:**

**FEI Number:** 74-3073508

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

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

**Name and Address of New Registered Agent:**

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:**

Electronic Signature of Registered Agent

Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: GLAZER, EDWARD  
Address: 270 COMMERCE DRIVE  
City-St-Zip: ROCHESTER, NY 14623

Title: VAS ( ) Delete  
Name: SONDERICKER, WILLIAM C  
Address: 270 COMMERCE DRIVE  
City-St-Zip: ROCHESTER, NY 14623

Title: VSTD ( ) Delete  
Name: GLAZER, KEVIN  
Address: 270 COMMERCE DRIVE  
City-St-Zip: ROCHESTER, NY 14623

Title: VD ( ) Delete  
Name: GLAZER, AVRAM  
Address: 270 COMMERCE DRIVE  
City-St-Zip: ROCHESTER, NY 14623

Title: VD ( ) Delete  
Name: GLAZER, JOEL  
Address: 270 COMMERCE DRIVE  
City-St-Zip: ROCHESTER, NY 14623

Title: VD ( ) Delete  
Name: GLAZER, BRYAN  
Address: 270 COMMERCE DRIVE  
City-St-Zip: ROCHESTER, NY 14623

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** WILLIAM SONDERICKER

VP

02/17/2009

Electronic Signature of Signing Officer or Director

Date