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2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
07 MAY -3 AM 9:43
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
40074543

DOCUMENT # F03000003796

1. Entity Name
MANUFACTURERS AND TRADERS TRUST COMPANY

Principal Place of Business	Mailing Address
ONE M & T PLAZA BUFFALO, NY 14203	C/O LESLIE BOYNTON, CORP TRUST DEPT ONE M & T PLAZA BUFFALO, NY 14203

04052007 Chg-P CR2E034 (12/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 16-0538020 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☒ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324	Name Street Address (P.O. Box Number is Not Acceptable) 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 accept the obligations of registered agent.

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

FILE NOW!!! FEE IS $150.00
After May 1, 2007 Fee will be $550.00

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

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	COB WILMERS, ROBERT G ONE M & T PLAZA BUFFALO, NY 14203	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	CEO SADLER, ROBERT E JR ONE M & T PLAZA BUFFALO, NY 14203	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	CEO WILMERS, ROBERT G ONE M&T PLAZA BUFFALO, NY 14203	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VCOB PINTO, MICHAEL P ONE M & T PLAZA BUFFALO, NY 14203	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PCOO BRUMBACK, EMERSON L ONE M & T PLAZA BUFFALO, NY 14203	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PRESIDENT CZARNECHI, MARK J ONE M&T PLAZA BUFFALO, NY 14203	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	EVP BEARDI, JAMES J ONE M & T PLAZA BUFFALO, NY 14203	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	CCO BOJDAK, ROBERT J ONE M & T PLAZA BUFFALO, NY 14203	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing 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: _____ LESLIE A. BOYNTON - V.P. 4/5/07 716-842-5381
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #