2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 07, 2004
Secretary of State

DOCUMENT# F03000005291

Entity Name: CONESTOGA-ROVERS & ASSOCIATES, INC.

Current Principal Place of Business:

2055 NIAGARA FALLS BLVD STE. 3
NIAGARA FALLS, NY 14304

New Principal Place of Business:

2055 NIAGARA FALLS BLVD
SUITE #3
NIAGARA FALLS, NY 14304

Current Mailing Address:

2055 NIAGARA FALLS BLVD STE. 3
NIAGARA FALLS, NY 14304

New Mailing Address:

2055 NIAGARA FALLS BLVD
SUITE #3
NIAGARA FALLS, NY 14304

FEI Number: 16-1229774 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 323012525 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:	ROBERTS, EDWARD S	
Address:	651 COLBY DRIVE	
City-St-Zip:	WATERLOO, ON N2V1C2, OH	
Title:	SD	( ) Delete
Name:	PYLE, ROBERT T	
Address:	1351 OAKBROOK DRIVE STE. 150	
City-St-Zip:	NORCROSS, GA 30093	
Title:	TD	( ) Delete
Name:	YING, ANTHONY C	
Address:	2055 NIAGARA FALLS BLVD STE. 3	
City-St-Zip:	NIAGARA FALLS, NY 14304	
Title:	VPSD	( ) Delete
Name:	TURCHAN, GLENN T	
Address:	651 COLBY DRIVE	
City-St-Zip:	WATERLOO, ON N2V1C2,	
Title:	CD	( ) Delete
Name:	ROVERSN, FRANK A	
Address:	651 COLBY DRIVE	
City-St-Zip:	WATERLOO, ON N2V1C2,	
Title:	VPD	( ) Delete
Name:	BLICKLE, FREDERICK W	
Address:	14496 SHELDON ROAD STE. 200	
City-St-Zip:	PLYMOUTH, MI 48170	

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 for the exemption stated in Section 119.07(3)(i), 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: EDWARD S. ROBERTS PD 01/07/2004

Electronic Signature of Signing Officer or Director — Date