

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 09, 2007 8:00 am
Secretary of State

02-09-2007 90022 032 ***150.00

DOCUMENT # F05000005343

1. Entity Name
**FIRST ALLIED DEVELOPMENT PARTNERS GENERAL
PARTNER CORPORATION**



Principal Place of Business
**270 COMMERCE DRIVE
ROCHESTER, NY 14623**

Mailing Address
**270 COMMERCE DRIVE
ROCHESTER, NY 14623**

40012010



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

01152007

Chg-P

CR2E034 (12/06)

4. FEI Number
20-3502228

Applied For
Not Applicable

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**

7. Name and Address of New Registered Agent

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

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

(NOTE: Registered Agent signature required when re-registering)

DATE

**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

TITLE	PD	<input type="checkbox"/> Delete
NAME	GLAZER, EDWARD	
STREET ADDRESS	270 COMMERCE DRIVE	
CITY-ST-ZIP	ROCHESTER, NY 14623	
TITLE	VAS	<input type="checkbox"/> Delete
NAME	SONDERICKER, WILLIAM C	
STREET ADDRESS	270 COMMERCE DRIVE	
CITY-ST-ZIP	ROCHESTER, NY 14623	
TITLE	VSTD	<input type="checkbox"/> Delete
NAME	GLAZER, KEVIN	
STREET ADDRESS	270 COMMERCE DRIVE	
CITY-ST-ZIP	ROCHESTER, NY 14623	
TITLE	VD	<input type="checkbox"/> Delete
NAME	GLAZER, AVRAM	
STREET ADDRESS	270 COMMERCE DRIVE	
CITY-ST-ZIP	ROCHESTER, NY 14623	
TITLE	VD	<input type="checkbox"/> Delete
NAME	GLAZER, JOEL	
STREET ADDRESS	270 COMMERCE DRIVE	
CITY-ST-ZIP	ROCHESTER, NY 14623	
TITLE	VD	<input type="checkbox"/> Delete
NAME	GLAZER, BRYAN	
STREET ADDRESS	270 COMMERCE DRIVE	
CITY-ST-ZIP	ROCHESTER, NY 14623	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	V/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Darcie Glazer	
STREET ADDRESS	270 Commerce Drive	
CITY-ST-ZIP	Rochester, NY 14623	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

William Sondericker
Vice President

Date

Daytime Phone #

1/16/07

585-359-3000