2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 17, 2009
Secretary of State

DOCUMENT# F05000005343

Entity Name: FIRST ALLIED DEVELOPMENT PARTNERS 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: 20-3502228 **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