2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 13, 2009
Secretary of State

DOCUMENT# F06000004845

Entity Name: LOVULLO ASSOCIATES, INC.

Current Principal Place of Business:

6450 TRANSIT RD
DEPEW, NY 14043

New Principal Place of Business:

Current Mailing Address:

6450 TRANSIT RD
DEPEW, NY 14043

New Mailing Address:

FEI Number: 16-1014425 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

HATCH, JOHN D ESQ
1267 BERKSHIRE LANE
STE 200
TARPON SPRINGS, FL 34688 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:	P	( ) Delete
Name:	LOVULLO, LEONARD T	
Address:	2 LANDING CREEK CT	
City-St-Zip:	WILLIAMSVILLE, NY 14221	
Title:	SRVP	( ) Delete
Name:	LOVULLO, PAUL W	
Address:	6290 CREEKBEND CT	
City-St-Zip:	CLARENCE CENTER, NY 14032	
Title:	VP	( ) Delete
Name:	PIETROWSKI, DAVID W	
Address:	11 CYNTHIA CIR	
City-St-Zip:	ORCHARD PARK, NY 14127	
Title:	D	( ) Delete
Name:	LOVULLO, KEVIN J	
Address:	610 COTTONWOOD DR	
City-St-Zip:	WILLIAMSVILLE, NY 14221	
Title:	AS	( ) Delete
Name:	BURNS, COLLEEN P	
Address:	685 WOODLAND DR	
City-St-Zip:	KENMORE, NY 14223	

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:	

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: DAVID W. PIETROWSKI VP 02/13/2009

Electronic Signature of Signing Officer or Director — Date