

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F08000004796

FILED  
Mar 09, 2009  
Secretary of State

Entity Name: ROCHESTER EQUITY PARTNERS, INC.

## Current Principal Place of Business:

69 CASCADE DRIVE  
SUITE 202  
ROCHESTER, NY 14614

## New Principal Place of Business:

## Current Mailing Address:

69 CASCADE DRIVE  
SUITE 202  
ROCHESTER, NY 14614

## New Mailing Address:

FEI Number: 20-3683543      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

REGISTERED AGENT SOLUTIONS, INC.  
155 OFFICE PLAZA DRIVE  
SUITE A  
TALLAHASSEE, FL 32301 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: CP ( ) Delete  
Name: NITSCHKE, JOHN P  
Address: 387 BROMLEY ROAD  
City-St-Zip: CHURCHVILLE, NY 14428

Title: VCVP ( ) Delete  
Name: SCHULER, MATTHEW  
Address: 11 SHAKER MILL  
City-St-Zip: ROCHESTER, NY 14612

Title: SD ( ) Delete  
Name: WHITING, KEVIN  
Address: 16 SHETLAND CIRCLE  
City-St-Zip: ROCHESTER, NY 14624

Title: D ( ) Delete  
Name: ROIDES, ALAN  
Address: 68 BARRY ROAD  
City-St-Zip: ROCHESTER, NY 14617

Title: T ( ) Delete  
Name: NITSCHKE, JOHN P  
Address: 387 BROMLEY ROAD  
City-St-Zip: CHURCHILL, NY 14428

## 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: JOHN P. NITSCHKE

PRES

03/09/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date