FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB 16 PM 3:32

DOCUMENT # F92000000435 (9)

1. Corporation Name
LEICA INC.

Principal Place of Business	Mailing Address
P.O. BOX 123 BUFFALO NY 14240	P.O. BOX 123 BUFFALO NY 14240

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 11/24/1992	3a. Date of Last Report: 02/21/1994
4. FEI Number: 22-2701363	☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐	$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐	$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No	

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	1.1 TITLE	President ☒ Change ☐ Addition
NAME	CANNIZZARO, MICHAEL N	1.2 NAME	Ruben G. Darclerian
STREET ADDRESS	111 DEER LAKE ROAD	1.3 STREET ADDRESS	111 Deerlake Road
CITY-ST-ZIP	DEERFIELD IL 60015	1.4 CITY-ST-ZIP	Deerfield IL 60015
TITLE	V	2.1 TITLE	VP ☒ Change ☐ Addition
NAME	RIDDELL, JOHN F	2.2 NAME	Martin L. Green
STREET ADDRESS	111 DEER LAKE ROAD	2.3 STREET ADDRESS	P.O. Box 123 N/A
CITY-ST-ZIP	DEERFIELD IL 60015	2.4 CITY-ST-ZIP	Buffalo NY 14240
TITLE	S	3.1 TITLE	☐ Change ☐ Addition
NAME	MCKNIGHT, GARY K	3.2 NAME	
STREET ADDRESS	PO BOX 123 N/A	3.3 STREET ADDRESS	
CITY-ST-ZIP	BUFFALO NY 14240	3.4 CITY-ST-ZIP	
TITLE	V	4.1 TITLE	☐ Change ☐ Addition
NAME	SALERNO, WALTER A	4.2 NAME	
STREET ADDRESS	P.O. BOX 123 N/A	4.3 STREET ADDRESS	
CITY-ST-ZIP	BUFFALO NY 14240	4.4 CITY-ST-ZIP	
TITLE	V	5.1 TITLE	☐ Change ☐ Addition
NAME	ALIX, ARTHUR J	5.2 NAME	
STREET ADDRESS	P.O. BOX 123 N/A	5.3 STREET ADDRESS	
CITY-ST-ZIP	BUFFALO NY 14240	5.4 CITY-ST-ZIP	
TITLE	V	6.1 TITLE	☐ Change ☐ Addition
NAME	BROSE, KLAUS	6.2 NAME	
STREET ADDRESS	513 MCNICOLL AVE	6.3 STREET ADDRESS	
CITY-ST-ZIP	WILLOWDALE, ONT	6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: _____ Gary K. McKnight 2-2-95 (716) 446-3161
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Date — Daytime Phone #