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PROFIT CORPORATION ANNUAL REPORT



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

1996

C/O BAU	ace of Business	C TAX DEPT,	Mailing Addre	CH & LOMB. IN		DEPT					
ONE LINCOLN FIRST SQUARE ROCHESTER NY 14601			OMETLINGO	ONE-LINCOLN-FIRST SOURRE— ROCHESTER NY 14601			i				
							3. Date I	ncorporated or Qualified	3a. D	ate of Las	t Report
	Place of Business	Lomb Place	2a. Mailing Ad			<u>-</u>	4. FEI Nu	/04/1992 Imber		05/01/	· · · · · · · · · · · · · · · · · · ·
Suite, Apt	L.#, etc.	romp Liace	Suite, Apt.	ne as #2				6-1426825		-	Applied For Not Applicab
	Tax Dept.		27]	#, eig.			5. Certific	ate of Status Desired			75 Additional
City & State Rochester, NY			1	City & State			6. Election	6. Election Campaign Financing			e Required
Zq+		Country	28 Zip				Trust F	und Contribution		Ank	.00 May Be ded to Fees
1460	04-2701 <sub>25</sub> USA		29			8. This co	rporation has liability for		tax under	s 199.032,	
	9. Name an	d Address of Curren	it Registered Agen	t	L			Statutes Yes		1 Acont	
CTC	ORPORATION	SVSTEM			81	Name			i logistoret	Agent	
1200 5	South Pine is	LAND ROAD			82	Street A	Address (P.O. Box	Number is Not Acceptal	ble)		
PLANT	ATION FL 333	24			83					····	
					84	City				85	Zip Code
I. Pursuant	to the provisions	of Continue COZ NI On			.						
I. Pursuant or register familiar wi	to the provisions red agent, or both	of Sections 607.0502 i, in the State of Florid	and 607.1508, Florid la. Such change was	da Statutes, the	above-ni	amed corp	poration submits the	nis statement for the pur	rpose of ch	anging its	registered office
L. Pursuant or register familiar wi	to the provisions red agent, or both ith, and accept th	of Sections 607.0502 i, in the State of Florid e obligations of, Section	and 607,1508, Florid a. Such change was on 607,0505, Florida	da Statutes, the sauthorized by t Statutes.	above-nathe corpo	iamed corporation's b	poration submits to loard of directors.	nis statement for the pur hereby accept the app	rpose of ch ointment a	anging its s registere	registered officed agent. I am
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SIGNATURE: X

SIGNING OFFICER OR DIRECTOR