Jan 24, 2000 8:00 am Secretary of State 01-24-2000 90004 049 ***150.00

FILED

DOCUMENT # F9300001334 BLACK SHEEP CORPORATION, A DELAWARE CORPORATION Principal Place of Business Mailing Address 501 JOHN JAMES AUDUBON PARKWAY 501 JOHN JAMES AUDUBON PARKWAY AMHERST NY 14228-1143 AMHERST NY 14228 **UUUUUUU** 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. 4. FEI Number Applied For City & State City & State 16-1430387 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name CORPORATION INFORMATION SERVICES, INC. Street Address (P.O. Box Number is Not Acceptable) 1201 HAYS STREET TALLAHASSEE FL 32301 Zip Code City 8. 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 DATE Signature, typed or printed name of registered agent and title if applicable (NOTE. Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. ☐ Change ☐ Delete TITLE PTCD TITLE NAME NAME ALFIERO, SAL H STREET ADDRESS 501 JOHN JAMES AUDUBON PARKWAY STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP AMHERST NY 14228 ☐ Addition ☐ Change ☐ Delete TITLE NAME COOK, FREDERIC L NAME STREET ADDRESS STREET ADDRESS 501 JOHN JAMES AUDUBON PARKWAY CITY-ST-ZiP CITY-ST-ZIP <u>AMHERST NY 14228</u> Delete ☐ Change Addition TITLE TITLÉ NAME NAME ALFIERO, JEANNE STREET ADDRESS STREET ADDRESS 501 JOHN JAMES AUDUBON PARKWAY CITY-ST-ZIP CITY-ST-ZIE AMHERST NY 14228 Change Addition ☐ Delete TITLE NAME LIPPES, GERALD S STREET ADDRESS STREET ADDRESS 28 CHURCH STREET, 700 GUARANTY BUILDING CITY-ST-7IP CITY-ST-ZIP **BUFFALO NY 14202** ☐ Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Change Addition TITLE ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental 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 receiper or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachmen with an address, with all tike empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2000 UNIFORM BUSINESS REPORT (UBR)