2004 FOR PROFIT CORPORATION ANNUAL REPORT

Secrétary of State DOCUMENT # F93000003178 07-30-2004 90006 042 ***150.00 1. Entity Name BELL CONSTRUCTORS, INC. Principal Place of Busines's Mailing Address 1340 LEXINGTON AVENU 1340 LEXINGTON AVENU 44050809 ROCHESTER, NY 14606 ROCHESTER, NY 14606 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 07262004 CR2E034 (10/03) Chq-P City & State City & State 4. FEI Number Applied For 03-0285957 Not Applicable Zip.~ Zip Country Country \$8.75 Additional 5. Certificate of Status Desired 7. Name and Address of New Registered Agent 5. Name and Address of Current Registered Agent C T CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable) 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324. City Zip Code 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. I am familiar with, and accept the obligations of registered agent. TT(3111 17 4 14 1 SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 \$5.00 May Be In accordance with s. 607.193(2)(b), F.S., the Trust Fund Contribution. Added to Fees corporation did not receive the prior notice. Due by September 8, 2004 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. CDT ☐ Change Addition TITLE Delete TITLE BELL, JOSEPH M NAME NAME 1340 LEXINGTON AVENUE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP ROCHESTER, NY 14606 CITY-ST-7IP TITLE ☐ Change TITLE Delete Addition GUENDAMA RUETHER, STEVEN A BARDIN, G. WILLIAM NAME NAME 1340 Lexington Avenua STREET ADDRESS 1340 LEXINGTON AVENU STREET ADDRESS NY 1460G CITY-ST-ZIP ROCHESTER, NY 14606 CITY-ST-ZIP TITLE Delete TITLE Change ☐ Addition NAME BELL, THOMAS F NAME 1340 LEXINGTON AVENUE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP ROCHESTER, NY 14606 CITY-ST-ZIP Delete ☐ Change ☐ Addition TITLE NAME BELL, JAMES NAME STREET ADDRESS 1340 LEXINGTON AVENUE STREET ADDRESS CITY-ST-ZIP ROCHESTER, NY 14606 CITY-ST-ZIP ☐ Delete TITLE ☐ Change TITLE BELL, ROBERT E NAME STREET ADDRESS 1340 LEXINGTON AVENUE STREET ADDRESS ROCHESTER, NY. 14606 CITY-ST-7IP CITY-ST-7IP -TITLE------V----Delete TITLE BENULIS MICHAEL J. NAME NAME 1340 LEXINGTON AVENUE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP -ROCHESTER, NY 14606 CITY-ST-ZIP

12. Thereby certify that the information supplied with this filling 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 receiver or trustage empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

MATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OF DIRECTOR

SIGNATURE:

JOSEPH M. BELL

1/24/04

585-277-1023

Date

Daytime Phone #

Jul 30, 2004 8:00 am