

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Feb 22, 1999 8:00 am
Secretary of State

02-22-1999 90137 037 ***150.00

DOCUMENT # F94000005195

1. Corporation Name

HUDSON HOTELS CORPORATION

Principal Place of Business

1 AIRPORT WAY, #200
ROCHESTER NY 14624

Mailing Address

1 AIRPORT WAY, #200
ROCHESTER NY 14624

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/06/1994

4. FEI Number

16-1312167

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 owes the current year intangible
Personal Property Tax.

☐

Yes

☐

No

9. Name and Address of Current Registered Agent

FLORIDA FILING & SEARCH SERVICES, INC.
842 E. PARK AVE.
TALLAHASSEE FL 32301

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12.

OFFICERS AND DIRECTORS

TITLE DC ☐ DELETE

NAME WILSON, E A
STREET ADDRESS 929 MIDTOWN TOWER
CITY-ST-ZIP ROCHESTER NY 14604

TITLE VAS ☐ DELETE

NAME KOLCIO, TARAS M
STREET ADDRESS ONE AIRPORT WAY, SUITE 200
CITY-ST-ZIP ROCHESTER NY

TITLE VD ☒ DELETE

NAME SAHS, BRUCE A
STREET ADDRESS 1 AIRPORT WAY, SUITE 200
CITY-ST-ZIP ROCHESTER NY 14624

TITLE V ☐ DELETE

NAME RICHENBERG, DAWN M
STREET ADDRESS 1 AIRPORT WAY, SUITE 200
CITY-ST-ZIP ROCHESTER NY 14624

TITLE V ☐ DELETE

NAME BURNS, CHRISTOPHER B
STREET ADDRESS 1 AIRPORT WAY, SUITE 200
CITY-ST-ZIP ROCHESTER NY 14624

TITLE V ☐ DELETE

NAME PEEK, RALPH
STREET ADDRESS ONE AIRPORT WAY STE 200
CITY-ST-ZIP ROCHESTER NY 14624

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME
1.3 STREET ADDRESS 300 BAUSCH & LOMB PL
1.4 CITY-ST-ZIP ROCHESTER, NY 14604

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME
2.3 STREET ADDRESS 300 BAUSCH & LOMB PL
2.4 CITY-ST-ZIP ROCHESTER NY 14604

3.1 TITLE ☒ Change ☐ Addition

3.2 NAME Y
3.3 STREET ADDRESS SAHS, BRUCE A
3.4 CITY-ST-ZIP 300 BAUSCH & LOMB PL
ROCHESTER, NY 14604

4.1 TITLE ☒ Change ☐ Addition

4.2 NAME
4.3 STREET ADDRESS 300 BAUSCH & LOMB PL
4.4 CITY-ST-ZIP ROCHESTER, NY 14604

5.1 TITLE ☒ Change ☐ Addition

5.2 NAME
5.3 STREET ADDRESS 300 BAUSCH & LOMB PL
5.4 CITY-ST-ZIP ROCHESTER, NY 14604

6.1 TITLE ☒ Change ☐ Addition

6.2 NAME
6.3 STREET ADDRESS 300 BAUSCH & LOMB PL
6.4 CITY-ST-ZIP ROCHESTER, NY 14604

14. 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 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, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/8/99

(716) 454-3400

Date

Daytime Phone #

CR2E034 (11/98)