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
95 MAR 20 AM 8:57
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F94000006120 (9)

1. Corporation Name
M&T MORTGAGE CORPORATION

Principal Place of Business
ONE M&T PLAZA
% COUNSEL'S OFFICE
BUFFALO NY 14240

Mailing Address
ONE M&T PLAZA
% COUNSEL'S OFFICE
BUFFALO NY 14240

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 11/30/1994
3a. Date of Last Report:

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip 24 Country 25

2a. Mailing Address
26 One Fountain Plaza
Suite, Apt. #, etc.
27
City & State
28 Buffalo, NY
Zip 29 14203 Country 30 Erie

4. FEI Number: 16-1411171 — 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

9. Name and Address of Current Registered Agent
CT 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 _____
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	C
NAME	SADLER, ROBERT E JR.
STREET ADDRESS	ONE M&T PLAZA
CITY-ST-ZIP	BUFFALO NY 14240
TITLE	D
NAME	TISHELMAN, HARRY S
STREET ADDRESS	135 MAIN ST.
CITY-ST-ZIP	NYACK NY 10960
TITLE	DP
NAME	BEARDI, JAMES J
STREET ADDRESS	ONE FOUNTAIN PLAZA
CITY-ST-ZIP	BUFFALO NY 14203
TITLE	V
NAME	HUTCHINGS, GARY S
STREET ADDRESS	ONE FOUNTAIN PLAZA
CITY-ST-ZIP	BUFFALO NY 14203
TITLE	S
NAME	LAMMERT, RICHARD A
STREET ADDRESS	ONE M&T PLAZA
CITY-ST-ZIP	BUFFALO NY 14240
TITLE	T
NAME	PINTO, MICHAEL P
STREET ADDRESS	ONE M&T PLAZA
CITY-ST-ZIP	BUFFALO NY 14240

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
1.1 TITLE		☐ Change ☐ Addition
1.2 NAME	500001435705	
1.3 STREET ADDRESS	-03/22/95--01003--018	
1.4 CITY-ST-ZIP	****200.00 ****200.00	
2.1 TITLE	Delete	☒ Change ☐ Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		☐ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE	Administrative V.P.	☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE	Sr.V.P. and General Counsel Secretary	☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE	Sr. V.P. and Director/ Treasurer	☒ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
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)(k), 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: _____ 3/14/95
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Date — Daytime Phone #
Gary S. Hutchings, Administrative Vice President

0474075 FP