


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 31, 2006 08:00 AM
Secretary of State

DOCUMENT # F94000006120 1. Entity Name M&T MORTGAGE CORPORATION	
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Principal Place of Business
**ONE FOUNTAIN PLAZA
BUFFALO, NY 14240**

Mailing Address
**ONE M & T PLAZA
COUNSEL'S OFFICE 12TH FLOOR
BUFFALO, NY 14240 US**



01052006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 16-1411171	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**CT CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324**

**DO NOT WRITE
IN THIS SPACE**

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.

SIGNATURE _____

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

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**000000487507
04/13/06-80048-026 150.00**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD SADLER, ROBERT E JR. ONE M&T PLAZA BUFFALO, NY 14240
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP BEARDI, JAMES J ONE FOUNTAIN PLAZA BUFFALO, NY 14203
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SVP ROGERS, GORDON 330 FRANKLIN ROAD, SUITE 135-217 BRENTWOOD, TN 37215
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP GC KUCINSKI, ESQ., PAUL W. ONE M&T PLAZA-12TH FLOOR BUFFALO, NY 14203
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PINTO, MICHAEL P ONE M&T PLAZA BUFFALO, NY 14240
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BRUMBACK, EMERSON ONE M&T PLAZA BUFFALO, NY 14240

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 trustee 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.

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

4/4/06 (716) 842-4321