

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mogham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F95000000091 (7)

1. Corporation Name

BLI/ORE 2, INC.



Principal Place of Business Mailing Address
% OFFICE OF THE GENERAL COUNSEL
ONE MARINE MIDLAND CENTER, 27TH FLOOR
BUFFALO NY 14203-2827

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

3. Date Incorporated or Qualified

01/06/1995

3a. Date of Last Report

4. FEI Number

APPLIED FOR

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be

Trust Fund Contribution

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

THE PRENTICE-HALL CORPORATION SYSTEM, INC.
1201 HAYS ST.
SUITE 105
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 ☐ DELETE

NAME
D
TOOHEY, PHILIP S
STREET ADDRESS
ONE MARINE MIDLAND CENTER
CITY-ST-ZIP
BUFFALO NY 14203-2827

TITLE ☐ DELETE

NAME
P
KARLSSON, LEIF B
STREET ADDRESS
ONE MARINE MIDLAND CENTER
CITY-ST-ZIP
BUFFALO NY 14203-2827

TITLE ☐ DELETE

NAME
V
CONYBEARE, CAROLYN E
STREET ADDRESS
140 BROADWAY
CITY-ST-ZIP
NEW YORK NY 10005

TITLE ☐ DELETE

NAME
V
STRUBEL, JOSEPH
STREET ADDRESS
140 BROADWAY
CITY-ST-ZIP
NEW YORK NY 10005

TITLE ☒ DELETE

NAME
S
ANDERSSON, MARK W
STREET ADDRESS
ONE MARINE MIDLAND CENTER
CITY-ST-ZIP
BUFFALO NY 14203-2827

TITLE ☐ DELETE

NAME
AS
KUJAWA, HELEN
STREET ADDRESS
ONE MARINE MIDLAND CENTER
CITY-ST-ZIP
BUFFALO NY 14203

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

☐ Change ☐ Addition

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

☐ Change ☐ Addition

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

☐ Change ☐ Addition

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

☒ Change ☐ Addition

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

☐ Change ☐ Addition

6.1 TITLE
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Signature: Philip S. Toohy
Helen Kujawa
Date: 1/22/96
Daytime Phone #: 716-841-5941

CR2E034 (12/95)