

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
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DOCUMENT # **F95000005276**

1. Corporation Name
BUSH SERVICE GROUP, INC.

Principal Place of Business

**ONE MASON DRIVE
P.O. BOX 460
JAMESTOWN NY 14701**

Mailing Address

**ONE MASON DRIVE
P.O. BOX 460
JAMESTOWN NY 14701**

FILED

99 JUN 16 PM 12:39

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 10/27/1995	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 16-1483839	Applied For Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24	Country	29	Country	8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**AMERICAN INFORMATION SERVICES, INC.
ONE SE 3RD AVENUE
27TH FLOOR
MIAMI FL 33131-1704**

10. Name and Address of New Registered Agent

81	Name
82	Street Address (P.O. Box Number is Not Acceptable)
83	
84	City
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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CP <input type="checkbox"/> DELETE	11 TITLE	AS <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BUSH, PAUL	12 NAME	William T. Morton
STREET ADDRESS	ONE MASON DRIVE	13 STREET ADDRESS	319 W. 10th St
CITY-ST-ZIP	JAMESTOWN NY 14701	14 CITY-ST-ZIP	ERIE PA 16502
TITLE	DEV <input type="checkbox"/> DELETE	21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	AYRES, ROBERT	22 NAME	
STREET ADDRESS	ONE MASON DRIVE	23 STREET ADDRESS	
CITY-ST-ZIP	JAMESTOWN NY 14701	24 CITY-ST-ZIP	
TITLE	DV <input type="checkbox"/> DELETE	31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BUSH, DOUG	32 NAME	800002911918-9
STREET ADDRESS	ONE MASON DRIVE	33 STREET ADDRESS	-06/22/99--01035--007
CITY-ST-ZIP	JAMESTOWN NY 14701	34 CITY-ST-ZIP	****550.00
TITLE	DV <input type="checkbox"/> DELETE	41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MESSINGER, DAVID	42 NAME	
STREET ADDRESS	ONE MASON DRIVE	43 STREET ADDRESS	
CITY-ST-ZIP	JAMESTOWN NY 14701	44 CITY-ST-ZIP	
TITLE	S <input type="checkbox"/> DELETE	51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ARONSON, LEWIS	52 NAME	
STREET ADDRESS	ONE MASON DR	53 STREET ADDRESS	
CITY-ST-ZIP	JAMESTOWN NY 14701	54 CITY-ST-ZIP	
TITLE	TAS <input type="checkbox"/> DELETE	61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FREDERICK, NEIL	62 NAME	
STREET ADDRESS	ONE MASON DR	63 STREET ADDRESS	
CITY-ST-ZIP	JAMESTOWN NY 14701	64 CITY-ST-ZIP	

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Neil A. Frederick 5/14/99 716/665-2000
TREASURER Date Daytime Phone # EXT 3531

CR2E034 (11/98)