2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Jan 12, 2004 8:00 am Secretary of State

| DOCUMENT # F9600006131 1. Entity Name HH-PROPERTIES-I, INC. 2000 2000 2000 2000 2000 2000 2000 20 | | | | | 01-12-2004 90009 001 ***150.00 | | | | |
|--|--|---|----------------|---|--|---------------------|-------------------|--|--|
| Principal Place of Business Mailing Address | | | | | 36.3 | | | | |
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| 400 LINDEN OAKS ROCHESTER, NY 14629 ROCHESTER, NY 4629 | | | | | w cu , | | М. | . Age to a second white side | |
| KUCHESTER, | NI 14029 | 3134-1 | | | | | | | |
| | | | | | | | | | |
| Principal Place of Business 3. Mailing Address | | | and the second | | | | | | |
| | | | | | | ABIN BENE BURN | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | 01052004 | Chg-P | CR2E034 | (10/03) | |
| City & State | | City & State | | | 4. FEI Number 16-1511 | | | Applied For Not Applicable | |
| 2104625 Country | | 14625 | -S Country | | 5. Certificate of Status Desired See Required Fee Required | | | | |
| - | 6. Name and Address of Current I | 7. Name and Address of New Registered Agent | | | | | | | |
|] | | | | Name | | | | | |
| C T CORPORATION SYSTEM | | | | Street Address (P.O. Box Number is Not Acceptable) | | | | | |
| | TH PINE ISLAND ROAD ON, FL 33324 | | | direct reduces (1.0.1 Dex Hallioti 10 Not redeptable) | | | | | |
| | C14, 7 E 00024 | | | | | | | | |
| | | | | City Zip Code | | | | | |
| · | | | | | FL | | | | |
| 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 | | | | | | | | | |
| DATE (NOTE: Registered Agent signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) | | | | | | | | | |
| | | | | | | | | | |
| FILE NOW!! FEE IS \$150.00 Trust Fund Contribution. | | | | | | | | | |
| After Ma | ay 1, 2004 Fee will be \$550.0 |)U Huaki and denii | 10011011 | Ado | 1 | | | | |
| 10. | OFFICERS AND | DIRECTORS | 11. | | | CHANGES TO OFF | ICERS AND DI | RECTORS IN 11 | |
| TITLE | СОВ | E Busic | | £ ' | ! | | | | |
| NAME | | | NAN | | | | | | |
| STREET ADDRESS | 400 LINDEN OAKS | | | EET ADDRESS | 1.FtoC | | | | |
| CITY-ST-ZIP | ROCHESTER, NY 14629 | | | Y-ST-ZIP | ✓ Change ☐ Addition | | | | |
| I TITLE | V/D | Delete III | | | ∴ Mange Addition | | | | |
| NAME STREET ADDRESS | SAHS, BRUCE A 400 LINDEN OAKS | · · | | EET ADDRESS | | | | | |
| CITY-ST-ZIP | <u> </u> | | Y-ST-ZIP | 14625 | | | | | |
| TITLE | VTAD Delete | | | | | | | | |
| NAME . | PEEK, RALPH L | | NAM | ست سا نسسست | | | | T-min- T intermiting | |
| STREET ADDRESS | 400 LINDEN OAKS | | | EET ADDRESS | | | | , | |
| CITY-ST-ZIP | T-ZIP ROCHESTER, NY 14629 | | CIT | Y-ST-ZIP | 14625 , 14625 | | | | |
| TITLE | D | ☐ Delete | TÍTI | LĒ | | | D | Change | |
| NAME | LOCKWOOD, ALAN S | | | ME | | | | | |
| STREET ADDRESS | 400 LINDEN OAKS | 7 | | EET ADDRESS | ILLIAN | | | ILECAT | |
| CITY-ST-ZIP | ROCHESTER, NY 14629 CIT | | Y-ST-ZIP | , 14625 | | | | | |
| TITLE | V □ Delete TIT | | LE | ☐ Change ☐ Addition | | | | | |
| NAME | | | ME | | | | | | |
| STREET ADDRESS | 100 21110211 071110 | | REET ADDRESS | . <i>IUL</i> 7C | | | | | |
| CITY-ST-ZIP | ROCHESTER, NY 14629 | | | Y-ST-ZIP | | | | | |
| TITLE | PCEO | Delete III | | | Mac Change ☐ Addition | | | | |
| NAME ethret andrese | BLANK, THOMAS W | NAM STR: | | NEET ADDRESS | | | | | |
| STREET ADDRESS CITY-ST-ZIP | 400 LINDEN OAKS ROCHESTER, NY 14629 | ∕ | | Y-ST-ZIP | 14625 | | | | |
| ļ | | this filing done not as All . for | | | ection 119 07/2V | i) Florida Statutes | I further certify | ab at the distance at the s | |
| 12. I hereby certify that the information supplied with this filing does not coalily for the exemption stated in Section 119.07(3)(i), 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 a address, with all other like empowered. | | | | | | | | | |
| of the corporation or the receive/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 in changed, or on an attachment with a haddress, with all other like empowered. | | | | | | | | | |
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