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FILED
Apr 28 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # F96000006334 (4)

1. Corporation Name

ASSOCIATION PLAN ADMINISTRATORS, INC.



DO NOT WRITE IN THIS SPACE

Principal Place of Business 6660 HERITAGE LANDING DR EAST SYRACUSE NY 13057 9 Market St. Amsterdam, NY 12010		Mailing Address 6660 HERITAGE LANDING DR EAST SYRACUSE NY 13057 9 Market St Amsterdam, NY	
2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified	4. FEI Number
21 9 Market St	26	12/05/1996	16-1400976
Suite, Apt. #, etc.	Suite, Apt. #, etc.	5. Certificate of Status Desired	Applied For
22	27	<input type="checkbox"/>	Not Applicable
City & State	City & State	6. Election Campaign Financing	\$8.75 Additional Fee Required
23 Amsterdam, NY	28	Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip	Country	7. This corporation owes or has paid the current year intangible	Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No
24	25 USA	29 12010	30

8. Name and Address of Current Registered Agent

INSURANCE COMMISSIONER
CAPITOL
TALLAHASSEE FL 32399-0300

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

FL

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	CD	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MENIKHEIM, ROBERT W	1.2 NAME	
STREET ADDRESS	8491 CAZENOVIA RD	1.3 STREET ADDRESS	
CITY-ST-ZIP	MANLIUS NY 13104	1.4 CITY-ST-ZIP	
TITLE	SD	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MENIKHEIM, JOYCE E	2.2 NAME	
STREET ADDRESS	8491 CAZENOVIA RD	2.3 STREET ADDRESS	
CITY-ST-ZIP	MANLIUS NY 13104	2.4 CITY-ST-ZIP	
TITLE	P	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CHURCHILL, GAYLE A	3.2 NAME	
STREET ADDRESS	282 CHAPMAN DR	3.3 STREET ADDRESS	
CITY-ST-ZIP	AMSTERDAM NY	3.4 CITY-ST-ZIP	
TITLE	CEO	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PEDINOTTI, GERALD A	4.2 NAME	
STREET ADDRESS	778 DOWNING ST	4.3 STREET ADDRESS	
CITY-ST-ZIP	SCHENECTADY NY 12309	4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 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.

SIGNATURE *Gayle A. Churchill* *6/10/98* 610-844-1163

CR2E034 (10/97)