

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 28, 2002 8:00 am
Secretary of State

03-28-2002 90783 019 ***150.00

0619665 AT

DOCUMENT # F97000006574

1. Entity Name
CAPITAL ASSOCIATES OF NEW YORK, INC.

Principal Place of Business NIXON PEABODY LLP PO BOX 1051 - CLINTON SQUARE ROCHESTER NY 14603	Mailing Address C/O D. COLE, NIXON PEABODY LLP PO BOX 31051 - CLINTON SQUARE ROCHESTER NY 14603
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2. Principal Place of Business Suite, Apt. #, etc. P.O. Box 31051, Clinton Sq.	3. Mailing Address C/O, R. Bentley - Nixon Peabody LLP Suite, Apt. #, etc. P.O. Box 31051, Clinton Sq.
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DO NOT WRITE IN THIS SPACE

City & State Rochester, NY	4. FEI Number 16-1539737	Applied For <input type="checkbox"/> Not Applicable
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Zip 14603	Country	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent CORPAMERICA, INC. 416 S.E. 15 STREET FORT LAUDERDALE FL 33316	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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.

SIGNATURE *Daniel E Gill* DATE 3/13/02

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input checked="" type="checkbox"/>	FILE NOW!!! FEE IS \$150.00 After May 1, 2002 Fee will be \$550.00 Make Check Payable to Department of State	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PDC GILL, DANIEL E 350 AMBASSADOR DR. ROCHESTER NY 14610 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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13. 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 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Daniel E Gill* **DANIEL E GILL** DATE 3/13/02 DAYTIME PHONE # 716-381-0052

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/01)