

**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 15, 2004 8:00 am**  
**Secretary of State**

03-15-2004 90077 027 \*\*\*150.00

**DOCUMENT # F97000006574**



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

Principal Place of Business  
**NIXON PEABODY LLP  
 P.O BOX 31051, CLINTON SQUARE  
 ROCHESTER, NY 14603**

Mailing Address  
**C/O R. BENSON, NIXON PEABODY, LLP  
 PO BOX 31051 - CLINTON SQUARE  
 ROCHESTER, NY 14603**

**94028874**



2. Principal Place of Business

3. Mailing Address **c/o R. Bentley,  
 Nixon Peabody, LLP**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

03052004 Chg-P CR2E034 (10/03)

City & State

City & State

4. FEI Number

**16-1539737**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

**\$8.75** Additional Fee Required

**6. Name and Address of Current Registered Agent**

**CORPAMERICA, INC.  
 1201 HAYS STREET  
 TALLAHASSEE, FL 32301**

**7. Name and Address of New Registered Agent**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00  
 After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.

**\$5.00** May Be Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE **PDC**  Delete  
 NAME **GILL, DANIEL E**  
 STREET ADDRESS **350 AMBASSADOR DR.**  
 CITY-ST-ZIP **ROCHESTER, NY 14610**

TITLE  Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
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 STREET ADDRESS  
 CITY-ST-ZIP

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS **3430 Gordon Drive**  
 CITY-ST-ZIP **Naples, FL 34102**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered....

SIGNATURE:

*Daniel E Gill, DANIEL E. Gill, 3/10/04* **585-381-0055**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #