

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

DOCUMENT #

AMHERST SYSTEMS, INC.

FP010000000002

Principal Place of Business

Mailing Address

FILED

99 OCT 25 PM 12:35

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/18/91

4. FEI Number
16-1045733

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax. ☐ Yes ☒ No

10. Name and Address of New Registered Agent

2. Principal Place of Business

21 3539 SOUTH EASTERN AVE

Suite, Apt. #, etc.

22 City & State

23 LAS VEGAS NV

24 89109 25 USA

2a. Mailing Address

26 3539 SOUTH EASTERN AVE

Suite, Apt. #, etc.

27 City & State

28 LAS VEGAS NV

29 89109 30 USA

9. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL. 33324

81 Name

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

83

84 City

FL

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

☐ DELETE

1. P/D

NAME CHARLES E. DOWDELL

STREET ADDRESS 30 WILSON ROAD

CITY-STATE-ZIP BUFFALO, NY 14221-7082

V P / S / T / D ☐ DELETE

NAME DONALD A. HESS

STREET ADDRESS 30 WILSON ROAD

CITY-STATE-ZIP BUFFALO, NY 14221-7082

V P / D ☐ DELETE

NAME KENNETH S. GREENBERG

STREET ADDRESS 1266 E. MAIN ST., SUITE 620

CITY-STATE-ZIP STAMFORD, CT. 06902

V P / A / T / D ☐ DELETE

NAME WILLIAM J. COLLINS

STREET ADDRESS 1266 E. MAIN ST., SUITE 620

CITY-STATE-ZIP STAMFORD, CT. 06902

V P / D ☐ DELETE

NAME CHARLES E. MATTHEWS

STREET ADDRESS 1266 E. MAIN ST., SUITE 620

CITY-STATE-ZIP STAMFORD, CT. 06902

AT ☐ DELETE

NAME WILLIAM J. POSTIGLIONE

STREET ADDRESS 1266 E. MAIN ST., SUITE 620

CITY-STATE-ZIP STAMFORD, CT. 06902

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-STATE-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-STATE-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-STATE-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-STATE-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-STATE-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-STATE-ZIP

☐ Change ☐ Addition

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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

9/8/99

(203) 359-3052

WILLIAM J. POSTIGLIONE / ASST TREASURER

CR2E034 (11/98)