| <u> </u>  | UNIFORM BU<br>ENT # F99000<br>C.  |                      | <b>3</b> )          | FILED Jan 30, 2001 8:00 am Secretary of State 01-30-2001 90004 011 ***158.75 |                               |   |                                   |  |
|---|---|----------------------|---------------------|--|-------------------------------|---|-----------------------------------|--|
| Principal Place of<br>8891 WASHINGTON<br>GAITHERSBURG MD  | Mailing Address PO BOX 352 BUFFALO NY 14240-0                                     | 352                  |                     |  |                               |   |                                   |  |
| 2. Principal Place  |   | 3. Mailing Address   | 3. Mailing Address  |  |                               |   |                                   |  |
| Suite, Apt. #, 6  | IMGTONIAN BLVO  | Suite, Apt. #, etc.  | Suite, Apt. #, etc. |  |                               | DO NOT WRITE IN THIS SPACE                                  |                                   |  |
| City & State  |   | City & State         | City & State        |  |                               | FEI Number <b>52-2136389</b>                                | Applied For Not Applicable        |  |
| Zip   | Country   | Zip                  | Zip Country         |  | 5.                            | Certificate of Status Desired                               | \$8.75 Additional<br>Fee Required |  |
|   | 6. Name and Address of Curr   | ent Registered Agent |                     |  | 7. 1                          | Name and Address of New Register                            | <u> </u>                          |  |
|   |   |                      |                     | Name   |                               | •   |                                   |  |
| CORPOR<br>1201 HA   | Υ   | Street Address       |                     | ddress (P.O. E   | Box Number is Not Acceptable) | 48-977  |                                   |  |
| I ALLAN   | ASSEE FL 32301-2525   |                      |                     |  |                               |   |                                   |  |
|   |   |                      | City                |  |                               |   | FL Zip Code                       |  |
| . SIGNATURE   | med entity submits this statement<br>ature, typed or printed name of registered a |                      |                     |  | registered ag                 | ent, or both, in the State of Florida.  Beginstating)       | TE .                              |  |
| 9. This corporation is eligible to satisfy its intangible Tax filing requirement and elects to do so. (See criteria on back)  FILE NOW!!! FEE After MAY 1, 2001 Fee Make Check Payable to D |   |                      |                     |  | 50.00                         | 10. Election Campaign Financing<br>Trust Fund Contribution. | \$5.00 May Be Added to Fees       |  |
| 11.   |   | ND DIRECTORS         | 12.                 |  | AD                            | DITIONS/CHANGES TO OFFICERS                                 | AND DIRECTORS IN 11               |  |
| · · · · · · · · · · · · · · · · · · ·   |   |                      |                     |  |                               |   | Change Addition                   |  |
| TITLE DY  | P<br>NDEL, MICHEL   | ☐ Delete             | TITLE               | -  |                               | SE SEE ATTACHED   | ☐ Change ☐ Addition               |  |

| 11.            | OF ICEID AND DIFECTOR            | ,        | 14.            | ADDITIONS/OF ANGES TO OFF TOERS | OND DIRECTOR | , 114 1 I  |
|----------------|----------------------------------|----------|----------------|---------------------------------|--------------|------------|
| TITLE          | DP                               | Delete   | TITLE          |                                 | Change       | Addition   |
| NAME           | <del>O'DELL, CHARLES D</del>     |          | NAME           |                                 |              |            |
| STREET ADDRESS | 9801 WASHINGTON BLVD.,12TH FLOOR |          | STREET ADDRESS |                                 |              |            |
| CITY-ST-ZIP -  | GAITHERSBURG MD 20878            |          | CITY-ST-ZIP    |                                 |              |            |
| TITLE          | DYP                              | ☐ Delete | TITLE          | X PLEASE SEE ATTACHED           | ☐ Change     | ☐ Addition |
| NAME           | LANDEL, MICHEL                   |          | NAME           | LISTING +                       |              |            |
| STREET ADDRESS | 9801 WASHINGTON BLVD.,12TH FLOOR |          | STREET ADDRESS |                                 |              |            |
| CITY-ST-ZIP    | GAITHERSBURG MD 20878            |          | CITY-ST-ZIP    |                                 |              |            |
| TITLE          | DVP                              | Delete   | TITLE          |                                 | ☐ Change     | ☐ Addition |
| NAME           | HYATT, LAWRENCE E                |          | NAME           |                                 |              |            |
| STREET ADDRESS | 0801 WASHINGTON BLVD.,12TH FLOOR |          | STREET ADDRESS |                                 |              |            |
| CITY-ST-ZIP _  | GAITHERSBURG MD 20878            |          | CITY-ST-ZIP    |                                 |              |            |
| TITLE          | DVPA                             | Delete   | TITLE          |                                 | ☐ Change     | Addition   |
| NAME           | STERN, ROBERT A                  |          | NAME           |                                 |              |            |
| STREET ADDRESS | 9801 WASHINGTON BLVD.,12TH FLOOR |          | STREET ADDRESS |                                 |              |            |
| CITY-ST-ZIP    | GAITHERSBURG MD 20878            |          | CITY-ST-ZIP    |                                 |              |            |
| TITLE          | VP                               | ☐ Delete | TITLE          |                                 | ☐ Change     | ☐ Addition |
| NAME           | ALIBRIO, ANTHONY F               |          | NAME           |                                 |              |            |
| STREET ADDRESS | 9801 Washington BLVD.,12TH FLOOR |          | STREET ADDRESS |                                 |              |            |
| CITY-ST-ZIP    | GAITHERSBURG MD 20878            |          | CITY-ST-ZIP    |                                 |              |            |
| TITLE          | VP                               | ☐ Delete | TITLE          |                                 | ☐ Change     | Addition   |
| NAME           | Hamman, William H                |          | NAME           |                                 |              |            |
| STREET ADDRESS | 9801 WASHINGTON BLVD.,12TH FLOOR |          | STREET ADDRESS |                                 |              |            |
| CITY-ST-ZIP    | GAITHERSBURG MD 20878            |          | CITY-ST-ZIP    |                                 |              |            |

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 V

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OF DIRECTOR

LICHAPO H. ALLEN 1-1

-01 (716)633-222

Daytime Phone #

**OFFICERS:** 

President:

Michel Landel

**Vice Presidents:** 

Robert A. Stern Anthony F. Alibrio William W. Hamman Thomas M. Mulligan

- John Bush -

Ollie Lawrence, Jr.

Secretary:

Joan Rector McGlockton

**Asst Secretaries:** 

Richard H. Allen

Business Address (10 Earhart Drive, Williamsville NY 14221)

Leslie Jones Brenda P. Fuller Robert A. Stern David Hayes Thomas R. Morse Anastasia E. Sweeney

Anthony Viola

Treasurer:

Vacant

**Asst Treasurers:** 

Kevin Nolan Marc Blass

## **DIRECTORS:**

-Michel-Landel-Robert A. Stern

John Bush

**Business Address for the Above Named Officers and Directors:** 

9801 Washingtonian Blvd Gaithersburg, MD 20878

## State of Incorporation

Delaware

Federal I.D. No.

52-2136389