

**FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00**

**FILED**  
**Apr 02 1997 8:00am**  
**Secretary of State**

<b>PROFIT CORPORATION ANNUAL REPORT 1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # L94088 (6)**

1. Corporation Name  
**MLD MINNESOTA 10, INC.**



Principal Place of Business <b>180 S CLINTON AVE.                  CORP TAX 4TH FLOOR                  ROCHESTER NY 14846</b>	Mailing Address <b>180 S CLINTON AVE.                  CORP TAX 4TH FLOOR                  ROCHESTER NY 14846-0001</b>
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3. Date Incorporated or Qualified <b>08/17/1990</b>	3a. Date of Last Report <b>06/27/1996</b>
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2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
24 Zip	28 Zip
25 Country	29 Country
30	

4. FEI Number <b>59-3031096</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
6. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**THE PRENTICE-HALL CORPORATION SYSTEM, INC.  
 1201 HAYS STREET  
 SUITE 105  
 TALLAHASSEE FL 32301**

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

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

12. OFFICERS AND DIRECTORS

TITLE	CEO	<input type="checkbox"/> DELETE
NAME	CARR, JEREMIAH T	
STREET ADDRESS	180 S CLINTON AVE.	
CITY-ST-ZIP	ROCHESTER NY 14846	
TITLE	PCOO	<input checked="" type="checkbox"/> DELETE
NAME	<del>BAASE, JAMES E.</del>	
STREET ADDRESS	180 S CLINTON AVE.	
CITY-ST-ZIP	ROCHESTER NY 14846	
TITLE	S	<input type="checkbox"/> DELETE
NAME	TRUBEK, JOSEPHINE	
STREET ADDRESS	180 S CLINTON AVE.	
CITY-ST-ZIP	ROCHESTER NY 14846	
TITLE	T	<input type="checkbox"/> DELETE
NAME	ENIS, JOSEPH	
STREET ADDRESS	180 S CLINTON AVE.	
CITY-ST-ZIP	ROCHESTER NY 14846	
TITLE	AS	<input type="checkbox"/> DELETE
NAME	LAVERDI, BARBARA J	
STREET ADDRESS	180 S CLINTON AVE.	
CITY-ST-ZIP	ROCHESTER NY 14846	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. See Attached ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	P/COO
2.3 STREET ADDRESS	Jefferson L. McGehee
2.4 CITY-ST-ZIP	180 S. Clinton Ave. Rochester, NY 14646
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	CEO
6.3 STREET ADDRESS	Richard A. Smith
6.4 CITY-ST-ZIP	180 S. Clinton Ave. Rochester, NY 14646

14. I do 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: *Barbara J. Laverdi* 3/18/97 (916) 777-8000

CR2E034 (9/96)

MLD Minnesota 10, Inc.  
Document # L94088

**ADDITIONAL DIRECTORS AND OFFICERS**

Director  
Robert L. Barrett  
180 S. Clinton Ave.  
Rochester, NY 14646

Director  
Kevin J. Bennis  
180 S. Clinton Ave.  
Rochester, NY 14646

Director  
Ronald L. Bittner  
180 S. Clinton Ave.  
Rochester, NY 14646

Director  
James G. Dole  
180 S. Clinton Ave.  
Rochester, NY 14646

Director  
Louis L. Massaro  
180 S. Clinton Ave.  
Rochester, NY 14646

Vice President, General Manager  
Gerald B. Wilke  
180 S. Clinton Ave.  
Rochester, NY 14646

Assistant Treasurer  
Michael L. Evans  
180 S. Clinton Ave.  
Rochester, NY 14646