

2001 UNIFORM BUSINESS REPORT (UBR)

0026996 AF

DOCUMENT # M00000000527

1. Entity Name
OSS, LLC

FILED

01 JAN 17 PM 2:12

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business
200 BUELL ROAD
ROCHESTER NY 14624

Mailing Address
200 BUELL ROAD
ROCHESTER NY 14624

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 16-1580553

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

UCC FILING & SEARCH SERVICES, INC.
526 EAST PARK AVE.
STE. 200
TALLAHASSEE FL 32302

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.

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 \$50.00
Make Check Payable to Department of State

9. MANAGING MEMBERS/MEMBERS

10. ADDITIONS/CHANGES

TITLE NAME MGRM SANTANDREA, SAMUAL A ☐ Delete
STREET ADDRESS 200 BUELL ROAD
CITY-ST-ZIP ROCHESTER NY 14624

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP 800003568199--9

TITLE NAME MGRM STEVENS, JOHN R ☐ Delete
STREET ADDRESS 200 BUELL ROAD
CITY-ST-ZIP ROCHESTER NY-14624

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP -01/23/01--01889--008
*****50.00 *****50.00

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

1/12/2001 (716)235-3740

Date

Daytime Phone #

CR2E083 (11/00)