2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 18, 2006 08:00 AM
Secretary of State

DOCUMENT # M05000001350

1. Entity Name
M&T CREDIT SERVICES, LLC

Principal Place of Business	Mailing Address
ONE FOUNTAIN PLAZA BUFFALO, NY 14203	ONE FOUNTAIN PLAZA BUFFALO, NY 14203

DO NOT WRITE IN THIS SPACE

04122008 No Chg-LLC CR2E083 (11/05)

4. FEI Number
41-2142364

☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324

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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

Filing Fee is $50.00
Due by May 1, 2006

9. MANAGING MEMBERS/MANAGERS

TITLE	MGR
NAME	FORD, GREGORY L
STREET ADDRESS	ONE FOUNTAIN PLAZA
CITY-ST-ZIP	BUFFALO, NY 14203
TITLE	MGR
NAME	SPYCHALA, MICHAEL L
STREET ADDRESS	ONE M&T PLAZA
CITY-ST-ZIP	BUFFLO, NY 14203
TITLE	MGR
NAME	BRUMBACK, EMERSON L
STREET ADDRESS	ONE M&T PLAZA
CITY-ST-ZIP	BUFFALO, NY 14203
TITLE	MGR
NAME	SPRIEGEL, DAVID D
STREET ADDRESS	ONE FOUNTAIN PLAZA
CITY-ST-ZIP	BUFFALO, NY 14203
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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05/01/06-80031-002 50.00

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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: Greg Ford Manager and Vice President 4/13/06 716-848 3382
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #