FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED
95 MAY -1 AM 9:55
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P02965** **(2)**

1. Corporation Name
U.S. CONCORD, INC.

Principal Place of Business	Mailing Address
ONE NORWALK WEST 40 RICHARDS AVENUE NORWALK CT 06854	ONE NORWALK WEST 40 RICHARDS AVENUE NORWALK CT 06854

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 08/08/1984
3a. Date of Last Report: 05/01/1994

2. Principal Place of Business — 21:
2a. Mailing Address — 26:
Suite, Apt. #, etc. — 22:
Suite, Apt. #, etc. — 27:
City & State — 23:
City & State — 28:
Zip — 24: Country — 25:
Zip — 29: Country — 30:

4. FEI Number: 13-2727144 ☐ 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 has liability for intangible tax under S. 199.032, Florida Statutes* ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

THE PRENTICE-HALL CORPORATION SYSTEM INC
1201 HAYES STREET
STE - 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 **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 _____ DATE
Signature, typed or printed name of registered agent and the date of appointment — NOTE: Registered Agent signature required when reinstating

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VP	11 TITLE	☐ Change ☐ Addition
NAME	BUDD, DAVID	12 NAME	
STREET ADDRESS	5 DOGWOOD LANE	13 STREET ADDRESS	
CITY-ST-ZIP	DARIEN CT	14 CITY-ST-ZIP	
TITLE	PD	21 TITLE	Vincent J. Mancuso (P) ☑ Change ☐ Addition
NAME	COLASANT, MATTHEW	22 NAME	
STREET ADDRESS	14 FOX HOLLOW	23 STREET ADDRESS	2700 marine midland Center
CITY-ST-ZIP	PARK RIDGE NJ	24 CITY-ST-ZIP	Buffalo ny 14240
TITLE	VP	31 TITLE	Philip S. Toohey (SD) ☑ Change ☐ Addition
NAME	ANTONACCIO, NICHOLAS	32 NAME	
STREET ADDRESS	277 WASHINGTON AVE.	33 STREET ADDRESS	2400 marine midland Center
CITY-ST-ZIP	PLEASANTVILLE NY	34 CITY-ST-ZIP	Buffalo ny 14240
TITLE	VPS	41 TITLE	Stephen C. Ames (V) ☑ Change ☐ Addition
NAME	WILSON, MARY E	42 NAME	
STREET ADDRESS	8 TIMBER CREST DR	43 STREET ADDRESS	2400 marine midland Center
CITY-ST-ZIP	DANBURY CT	44 CITY-ST-ZIP	Buffalo, ny 14240
TITLE		51 TITLE	Wayne T. Stein (V) ☐ Change ☑ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	2200 marine midland Center
CITY-ST-ZIP		54 CITY-ST-ZIP	Buffalo ny 14240
TITLE		61 TITLE	Mary B. Sommer (V) ☐ Change ☑ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	2200 marine midland Center
CITY-ST-ZIP		64 CITY-ST-ZIP	Buffalo ny 14240

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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: _____ 4/28/95 716-841-5261
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0393480 FP