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I HIGG CONTER       1 HIGG CONTER       1000 522 12         ISH L       ISH L       ISH L       ISH L         BUFALO NY 14233       BUFFALO NY 14233       DO NOT WRITE IN THIS SINACE         Suite, Apil. #, etc       Suite, Apil. #, etc       Country       Zip         Country       Zip       Country       Zip       Country       Zip         Ap       Country       Zip       Country       Zip       Country       Zip         Country       Zip       Country       Zip       Country       Zip       State Apilita         Country       Zip       Country       Zip       Country       Zip       State Apilita         Country       Zip       Country       Zip       Country       Zip       State Address of New Registered Apent         THE PRENTICE HALL COPPORATION SYSTEM INC.       State Address of New Registered Apent       Nume       State Address of New Registered Apent         TALLAHASSEE FL 32301       Nume       State Address of New Registered Apent       Nume       State Address of New Registered Apent         TALLAHASSEE FL 32301       Male Check Payable to Department of State       State Address of New Registered Apent       State Address of New Registered Apent         Talabilita State State Address of Contrep       Zip Code	<ol> <li>Entity Nar</li> </ol>	me						
Suite. Apt. 4, etc.     Suite. Apt. 4, etc.     Do NOT WRITE IN THIS SPACE       Suite. Apt. 4, etc.     Do NOT WRITE IN THIS SPACE     Do NOT WRITE IN THIS SPACE       Zip     Country     Zip     Country     Zip       Suite. Apt. 4, etc.     Country     Suite. Apt. 4, etc.     Do NOT WRITE IN THIS SPACE       Zip     Country     Zip     Country     Suite. Apt. 4, etc.       Suite. Apt. 4, etc.     Suite. Apt. 4, etc.     Suite. Apt. 4, etc.       Suite. Apt. 4, etc.     Suite. Apt. 4, etc.     Suite. Apt. 4, etc.       Suite. Apt. 4, etc.     Suite. Apt. 4, etc.     Suite. Apt. 4, etc.       Suite. Apt. 4, etc.     Suite. Apt. 4, etc.     Suite. Apt. 4, etc.       Suite. Apt. 4, etc.     Suite. Apt. 4, etc.     Suite. Apt. 4, etc.       Suite. Apt. 4, etc.     Suite. Apt. 4, etc.     Suite. Apt. 4, etc.       Suite. Apt. 4, etc.     Suite. Apt. 4, etc.     Suite. Apt. 4, etc.       Suite. Apt. 4, etc.     Suite. Apt. 4, etc.     Suite. Apt. 4, etc.       Suite. Apt. 4, etc.     Suite. Apt. 4, etc.     Suite. Apt. 4, etc.       Suite. Apt. 4, etc.     Suite. Apt. 4, etc.     Suite. Apt. 4, etc.       Suite. Apt. 4, etc.     Suite. Apt. 4, etc.     Suite. Apt. 4, etc.       Suite. Apt. 4, etc.     Suite. Apt. 4, etc.     Suite. Apt. 4, etc.       Suite. Apt. 4, etc.     Suite	HSBC CEN	ITER	1 HSBC CENTER 15TH FL					, DARA BANK (DA
City & State       City & State       City & State       Applied For         Zip       Country       Zip       Country       S. Certificate of Status Desired       \$8.75         Zip       Country       Zip       Country       S. Certificate of Status Desired       \$8.75         K. Name and Address of Current Registered Agent       7. Name and Address of New Registered Agent       Name         THE PRENTICE-HALL CORPORATION SYSTEM INC.       IStreet Address of New Registered Agent       Name         THE PRENTICE-HALL CORPORATION SYSTEM INC.       IStreet Address of New Registered Agent       Street Address of New Registered Agent         The above named entity submits this statement for the purpose of changing its registered office or registored agent, or both, in the State of Florida.       IGNATURE         Gentre for proteiner and elicits to do so.       After September 12, 2001 Fee will be STS0.00       Intel State of Florida.         Natice Greater on tack/i       OFFICERS AND DIRECTORS       Intel State Intel	Principal f	Place of Business	3. Mailing Address			I TOUR AND	III <b>didi</b> k <b>dik</b> i didik dibit	<b>Jah</b> i Kali Ka
Zip         Country         Zip         Country         Zip         Country         S. Certificate of Status Desired         S. S	Suite, Apt. #, etc.		Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE		
Zip         Country         Zip         Country         s. Contriv_sceled         \$8.75 Additional Fee Required           6. Name and Address of Current Registered Agent         7. Name and Address of New Registered Agent         7. Name and Address of New Registered Agent           THE PRENTICE-HALL CORPORATION SYSTEM INC. 1201 HAYS STREET         Name         Name and Address of New Registered Agent           SUITE 105         TALLAHASSEE FL 32301         Street Address (P.O. Box Number Is Not Acceptable)           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.         FL         Zip Code           INthe corporation is eligible to satisfy its Intangible Tax liftig requirement and elects to do so.         PICE Hegittered Agent equates equaled where tensories         Date           INte corporation is eligible to satisfy its Intangible Tax Killing requirement and elects to do so.         After September 12, 2001 Fee will be 5750.00 Make Check Payable to Department of State         10. Election Campaign Financing Trust Fund Contribution.         \$5.00 May Ba Addot for Fee Street Address           IN AGLE, GERALD A We first ADRESS V 51.2P         OFFICERS AND DIRECTORS         12.         ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 111           It is encored with a data and pay and and the state of the state and indepay and pay and addition fee Street Address         Intel Make Bay Fraudo NY 14203         Intel Make Bay Fraudo NY 14203         Intel Make Bay Fraudo NY	City & Stat	.e	City & State		4.	. FEI Number 16-1220138		Applied For Not Applicable
S. Name and Address of Current Registered Agent     T. Name and Address of New Registered Agent     THE PRENTICE-HALL CORPORATION SYSTEM INC.     1201 HAYS STREET SUITE 105     TALAPHASSEE FI. 32301     City     FL     Zip Code     City     City     FL     Zip Code     City     City     FL     Zip Code     City     City     City     FL     City	Zip	Country	Zip	Country	5.	. Certificate of Status Desired	□ \$8.75 AG	dditional
THE PRENTICE-HALL CORPORATION SYSTEM INC.       Streat Address (P.O. Box Number is Not Acceptable)         1201 HAYS STREET       Streat Address (P.O. Box Number is Not Acceptable)         SUITE 105       City       FL       Zip Code         The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida.       City       FL       Zip Code         SMATURE       Genative registered agent agent and the flagskash       00°TE Registered agent agent and entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida.       DATE         SMATURE       Genative registered agent and entity is statement for the purpose of changing its registered agent, or both, in the State of Florida.       DATE         SMATURE       OPPTICERS AND DIRECTORS       10. Election Campaign Financing Trust Fund Cantribution.       \$5.00 May Back         City       FLE NOW!!! FEE IS \$550.00       10. Election Campaign Financing Trust Fund Cantribution.       \$5.00 May Back         City       P       OPFICERS AND DIRECTORS       12.       ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11         Lie       P       NAGLE, GERALD A       TITLE       MAKE       Change       Addit Addit         VF-T-2P       VP       STROPE, JEAN       STROPE, JEAN       Change       Change       Addit         VF and the HSBC CENTER </td <td></td> <td>6. Name and Address of Currer</td> <td>nt Registered Agent</td> <td>  </td> <td>7.</td> <td>Name and Address of New Regi</td> <td></td> <td></td>		6. Name and Address of Currer	nt Registered Agent	  	7.	Name and Address of New Regi		
The above named entity submits this statement for the purpose of changing its registered diffice or registored agent, or both, in the State of Florida.  GNATURE  Signature, typed or privad nerve of registered agent agent and the if appleated  GNATURE  Signature, typed or privad nerve of registered agent agent and the if appleated.  (NOTE: Registered Agent algentare registered agent, or both, in the State of Florida.  GNATURE  Signature, typed or privad nerve of registered agent agentare registered agent, or both, in the State of Florida.  GNATURE  Signature, typed or privad nerve of registered agent agentare registered agent agentare registered agent algentare registered agent algentare registered agent algentare registered agent agentare registered agent algentare registered agent algentare registered agent agentare registered agent algentare r	1201 HAY SUITE 105	/S STREET 5	TEM INC.		Address (P.O.	Box Number is Not Acceptable)		
IGNATURE	· · · · · · · · · · · · · · · · · · ·							de
LE       P       C Delete       TTLE       NAME         ME       NAGLE, GERALD A       □ Change       □ Additi         ME       ONE HSBC CENTER       STREET ADDRESS       CITY-ST-ZIP         ULE       VP       VP       ITLE       VP         ME       STROPE, JEAN       ✓ Delete       TTLE       VP         ME       STROPE, JEAN       ✓ Delete       TTLE       VP         NAME       STROPE, JEAN       ✓ Delete       TTLE       VP         NAME       STROPE, JEAN       ✓ Delete       TTLE       VP         NY-ST-ZIP       BUFFALO NY 14203       Change       ✓ Additi         VY-ST-ZIP       BUFFALO NY 14203       Change       ✓ Additi         ME       SONDEL, MARY E       BUFFALO NY 14203       Change       △ Additi         ME       SONDEL, MARY E       BUFFALO NY 14203       □ Change       △ Additi         ME       SONDEL, MARY B.       STREET ADDRESS       □ Change       □ Additi         NAME       STREET ADDRESS       CITY-ST-ZIP       □ Change       □ Additi         ME       SOMMER, MARY B.       STREET ADDRESS       □ Change       □ Additi         ME       SOMMER, MARY B.       Delete <th colspan="2">Tax filing requirement and elects to do so.       After Se         (See criteria on back)       Make C</th> <th>After September 1 Make Check Paya</th> <th colspan="2">ber 12, 2001 Fee will be \$750 Payable to Department of Sta</th> <th colspan="2">ate Trust Fund Contribution.</th> <th>ed to Fees</th>	Tax filing requirement and elects to do so.       After Se         (See criteria on back)       Make C		After September 1 Make Check Paya	ber 12, 2001 Fee will be \$750 Payable to Department of Sta		ate Trust Fund Contribution.		ed to Fees
AME     STROPE, JEAN     NAME     J. RICHARD BAKER       ONE     HSBC CENTER     STRET ADDRESS     ONE HSBC CENTER       BUFFALO NY 14203     CITY-ST-ZIP     Delete     TITLE       AT     SC Delete     TITLE       MAME     SONDEL, MARY E     Change     Additi       ONE     HSBC CENTER     CITY-ST-ZIP     Change     Additi       MAE     SONDEL, MARY E     ITTLE     ITTLE     Additi       MAE     SONDER, MARY E     CITY-ST-ZIP     ITTLE     IChange     Additi       MAE     SOMMER, MARY B.     CITY-ST-ZIP     ITTLE     IChange     Additi       MAE     SOMMER, MARY B.     STRET ADDRESS     CITY-ST-ZIP     IChange     Additi       MAE     SOMMER, MARY B.     STRET ADDRESS     STRET ADDRESS     ICHANGE     Additi       MAE     SOMMER, MARY B.     STRET ADDRESS     STRET ADDRESS     ICHANGE     IChange     Additi       MAE     SOMMER, MARY B.     STRET ADDRESS     STRET ADDRESS     ICHANGE     IChange     Additi       MAE     SOMMER, MARY B.     ICHANGE     STRET ADDRESS     STRET ADDRESS     ICHANGE     ICHANGE     ICHANGE       NAME     SOMMER, MARY B.     ICHANGE     STRET ADDRESS     ICHANGE     ICHANGE	tle Ame Ireet address	P NAGLE, GERALD A ONE HSBC CENTER		TITLE NAME STREET ADDRESS		DUITONS/OTANGLO TO OLITOL.		AS IN 11
ILE       AT       AT       ITTLE       Change       Addition         IME       SONDEL, MARY E       ITTLE       NAME       STREET ADDRESS       ItTLE       Addition         INE       ONE HSBC CENTER       STREET ADDRESS       STREET ADDRESS       ItTLE       It       Addition         IV-ST-ZIP       BUFFALO NY 14203       It       I	ME Reet address TY-st-zip	STROPE, JEAN ONE HSBC CENTER BUFFALO NY 14203		NAME STREET ADDRESS	J. RICHARI ONE HSB	BL CENTER	Change	Addition Addition
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	ME REET ADDRESS	Toohey, Phillip S. One HSBC center	Delete	NAME STREET ADDRESS			Change	Addition
Ar-st-zip     Since Laboratory       BUFFALO, NY     CITY-ST-ZiP       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 the multiparties the base of the true and accurate and the multiparties to 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 the multiparties to the exemption stated in Section 119.07(3)(ii), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and the multiparties to the exemption stated in Section 119.07(3)(ii), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and the multiparties to the exemption stated in Section 119.07(3)(ii), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and the multiparties to the exemption stated in Section 119.07(3)(ii), Florida Statutes. I further certify that the information indicated on the section of the exemption stated in Section 119.07(3)(ii) florida Statutes. I further certify that the information indicated on the section of the exemption stated in Section 119.07(3)(iii) florida Statutes. I further certify that the information supplemental report is true and accurate and the section of the exemption stated in Section 119.07(3)(iii) florida Statutes. I further certify that the information informatin the information information information information information	me Reet address 'Y-st-zip	TOOHEY, PHILIP S. ONE HSBC CENTER BUFFALO, NY		NAME STREET ADDRESS CITY-ST-ZIP				Addition

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