SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: $725 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375)

PROFIT CORPORATION ANNUAL REPORT 1995

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

APPROVED AND FILED
95 JUL -5 AM 8:59
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P03935 (4)

1. Corporation Name
~~THOMAS, JAMES ASSOCIATES, INC.~~ H.J. Meyers + Co., Inc

Principal Place of Business	Mailing Address
1895 MT. HOPE AVE. ROCHESTER NY 14620	1895 MT. HOPE AVE. ROCHESTER NY 14620

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 11/05/1984
3a. Date of Last Report: 08/05/1994
4. FEI Number: 16-1228688 — ☐ 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

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

9. Name and Address of Current Registered Agent

RUTLEDGE,ECENIA,UNDERWOOD,PURNELL P.A.
215 S. MONROE ST. 420
MR. R. MICHAEL UNDERWOOD ESQ.
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: No change

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP	11 TITLE	☐ Change ☐ Addition
NAME	VILLA, JAMES A.	12 NAME	
STREET ADDRESS	1895 MT. HOPE AVE.	13 STREET ADDRESS	
CITY-ST-ZIP	ROCHESTER NY	14 CITY-ST-ZIP	
TITLE	VSD	21 TITLE	☐ Change ☐ Addition
NAME	BRESNER, MICHAEL A.	22 NAME	
STREET ADDRESS	1895 MT. HOPE AVE.	23 STREET ADDRESS	
CITY-ST-ZIP	ROCHESTER NY	24 CITY-ST-ZIP	
TITLE	V	31 TITLE	☐ Change ☐ Addition
NAME	SETTEDUCATI, ROBERT JOSEPH	32 NAME	
STREET ADDRESS	1895 MT. HOPE AVE.	33 STREET ADDRESS	
CITY-ST-ZIP	ROCHESTER NY	34 CITY-ST-ZIP	
TITLE	D	41 TITLE	☐ Change ☐ Addition
NAME	HELDRING, JOHN	42 NAME	
STREET ADDRESS	1895 MT. HOPE AVE.	43 STREET ADDRESS	
CITY-ST-ZIP	ROCHESTER NY 14620	44 CITY-ST-ZIP	
TITLE	~~T~~	51 TITLE	Chief Financial Officer ☒ Change ☒ Addition
NAME	~~LEMBO, JOHN M.~~	52 NAME	James C. Witzel
STREET ADDRESS	~~1895 MT. HOPE AVE.~~	53 STREET ADDRESS	1895 Mt. Hope Avenue
CITY-ST-ZIP	~~ROCHESTER, NY~~	54 CITY-ST-ZIP	Rochester NY 14620
TITLE		61 TITLE	Chairman of the Board ☐ Change ☒ Addition
NAME		62 NAME	Harold J. Meyers
STREET ADDRESS		63 STREET ADDRESS	1895 Mt. Hope Avenue
CITY-ST-ZIP		64 CITY-ST-ZIP	Rochester, NY 14620

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: X James C. Witzel — Chief Financial Officer — 716 256-4700
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Title — Daytime Phone #

CR2E034 (3/95)

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