FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED Apr 30 1998 8:00am FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham Secretary of State ANNUAL REPORT Secretary of State DIVISION OF CORPORATIONS 1998 **DOCUMENT # P03935** (4)H.J. MEYERS & CO., INC. Principal Place of Business Mailing Address 1895 MT. HOPE AVE. 1895 MT. HOPE AVE. **ROCHESTER NY 14620 ROCHESTER NY 14820** DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 11/05/1984 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 16-1228688 21 26 Not Applicable Suite, Apt. #, etc. Suite, Apt #, etc. \$8.75 Additional 5. Certificate of Status Desired \Box Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees 23 28 Zip Country Country 8. This corporation owes or has paid the current year Intengible **⊠** Ño 24 25 29 30 Personal Property Tax due June 30. Yes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent C T CORPORATION SYSTEM 81 Name 1200 SOUTH PINE ISLAND ROAD 82 Street Address (P.O. Box Number is Not Acceptable) **PLANTATION FL 33324** 83 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 Signature, typed or protect name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstating) CR2E034 (10/97 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 12. 13. DELETE 11 TITLE Change Addition VILLA, JAMES A. 1.2 NAME NAME 1895 MT. HOPE AVE. STREET ADDRESS 1.3 STREET ADDRESS **ROCHESTER NY** CITY - ST - ZIP 1.4 CITY-ST-ZIP DELETE Change Addition TITLE 2.1 TITLE BRESNER, MICHAEL A. NAME 2.2 NAME 1895 MT. HOPE AVE. 2.3 STREET ADDRESS STREET ADDRESS **ROCHESTER NY** CITY-ST-ZIP 2. 4 CITY-ST-ZIP DELETE 3.1 TITLE Change ___ Addition SETTEDUCATI, ROBERT JOSEPH NAME 3 2 NAME 1895 MT. HOPE AVE. STREET ADDRESS 3 3 STREET ADDRESS **ROCHESTER NY** CITY-ST-ZIP 3 4. CITY-ST-ZIP DELETE 4.1 TITLE Change ■ Addition TITLE WITZEL, JAMES C. 4 2 NAME NAME 1895 MT. HOPE AVE. 4.3 STREET ADDRESS STREET ADDRESS ROCHESTER, NY. CITY-ST-ZIP 4.4 CITY - ST- ZIP DELETE Change Addition TITLE 5.1 TITLE BROWN, MICHAEL NAME 5.2 NAME 1895 MT. HOPE AVE. STREET ADDRESS 5.3 STREET ADDRESS **ROCHESTER NY**

14. Thereby certify that the information supplied with this filling 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 suppliemental 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

5.4 CITY - ST- ZIP

6.3 STREET ADDRESS 6.4 CITY - ST - ZIP

6 1 TITLE

62 NAME

DELETE

SIGNATURE: V

CITY - ST - ZIP

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

- Wite

JAMES C. WITZEL 416/98

(716) 256-4700

Change

Addition