

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P25132 (2)

1. Corporation Name

CARD-FLO #2, INC.



Principal Place of Business

Mailing Address

ONE MARINE MIDLAND CTR
15TH FLOOR
BUFFALO NY 14203

ONE MARINE MIDLAND CTR
15TH FLOOR
BUFFALO NY 14203

2. Principal Place of Business

2a. Mailing Address

21 State, Apt. #, etc.

26 State, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

07/11/1989

3a. Date of Last Report

02/28/1995

4. FEI Number

16-1350135

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

10. Name and Address of New Registered Agent

THE PRENTICE-HALL CORPORATION SYSTEM, INC.
110 NORTH MAGNOLIA ST.
TALLAHASSEE FL 32301

B1 Name

B2 Street Address (P.O. Box Number is Not Acceptable)

B3

B4 City

FL

B5 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 of the person authorized to register the agent (if applicable)

(If the Registered Agent signature is required when registering)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

NAME
RICH, RICHARD P.
STREET ADDRESS
1 MARINE MIDLAND CTR
CITY-STATE-ZIP
BUFFALO NY

TITLE ☐ DELETE

NAME
CINQUINO, JOHN R.
STREET ADDRESS
1 MARINE MIDLAND CENTER
CITY-STATE-ZIP
BUFFALO NY

TITLE ☐ DELETE

NAME
SOMMER, MARY B.
STREET ADDRESS
1 MARINE MIDLAND CENTER
CITY-STATE-ZIP
BUFFALO NY

TITLE ☐ DELETE

NAME
CONYBEARE, CAROLYN E.
STREET ADDRESS
1 MARINE MIDLAND CTR
CITY-STATE-ZIP
BUFFALO NY

TITLE ☐ DELETE

NAME
TOOHEY, PHILIP, S.
STREET ADDRESS
1 MARINE MIDLAND CENTER
CITY-STATE-ZIP
BUFFALO NY

TITLE ☐ DELETE

NAME
GRANO, ANN, KUHN
STREET ADDRESS
1 MARINE MIDLAND CENTER
CITY-STATE-ZIP
BUFFALO NY

1. TITLE

2. NAME

3. STREET ADDRESS

4. CITY-STATE-ZIP

5. TITLE

6. NAME

7. STREET ADDRESS

8. CITY-STATE-ZIP

9. TITLE

10. NAME

11. STREET ADDRESS

12. CITY-STATE-ZIP

13. TITLE

14. NAME

15. STREET ADDRESS

16. CITY-STATE-ZIP

17. TITLE

18. NAME

19. STREET ADDRESS

20. CITY-STATE-ZIP

21. TITLE

22. NAME

23. STREET ADDRESS

24. CITY-STATE-ZIP

25. TITLE

26. NAME

27. STREET ADDRESS

28. CITY-STATE-ZIP

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)(k), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

RICHARD P. RICH

1/22/96

716 841-2153

CR2E034 (12/95)