



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

FILED

Mar 06 1997 8:00am  
Secretary of State

<b>PROFIT CORPORATION ANNUAL REPORT 1997</b>				<b>FLORIDA DEPARTMENT OF STATE</b> <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS	
<b>DOCUMENT # P25132 (2)</b> 1. Corporation Name <b>CARD-FLO #2, INC.</b>					
Principal Place of Business <b>ONE MARINE MIDLAND CTR</b> <b>15TH FLOOR</b> <b>BUFFALO NY 14203</b>			Mailing Address <b>ONE MARINE MIDLAND CTR</b> <b>15TH FLOOR</b> <b>BUFFALO NY 14203-2842</b>		
<b>2. Principal Place of Business</b> <b>21</b> Suite, Apt. #, etc. <b>22</b> City & State <b>23</b> Zip <b>24</b> Country		<b>2a. Mailing Address</b> <b>26</b> Suite, Apt. #, etc. <b>27</b> City & State <b>28</b> Zip <b>29</b> Country		<b>3. Date Incorporated or Qualified</b> <b>07/11/1989</b>	
				<b>3a. Date of Last Report</b> <b>02/14/1996</b>	
				<b>4. FEI Number</b> <b>16-1350135</b>	
				<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
				<b>6. Election Campaign Financing Trust Fund Contribution</b> <input checked="" type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
				<b>8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
<b>9. Name and Address of Current Registered Agent</b> <b>THE PRENTICE-HALL CORPORATION SYSTEM, INC.</b> <b>110 NORTH MAGNOLIA ST.</b> <b>TALLAHASSEE FL 32301</b>			<b>10. Name and Address of New Registered Agent</b> <b>81 Name</b> <b>82 Street Address (P.O. Box Number is Not Acceptable)</b> <b>83</b> <b>84 City</b> <b>FL</b> <b>85 Zip Code</b>		
<b>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.</b>					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>12. OFFICERS AND DIRECTORS</b>					
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> DELETE	
AST	RICH, RICHARD P.	1 MARINE MIDLAND CTR	BUFFALO NY		
V	CINQUINO, JOHN R.	1 MARINE MIDLAND CENTER	BUFFALO NY	<input checked="" type="checkbox"/> DELETE	
T	SOMMER, MARY B.	1 MARINE MIDLAND CENTER	BUFFALO NY	<input type="checkbox"/> DELETE	
V	CONYBEARE, CAROLYN E.	1 MARINE MIDLAND CTR	BUFFALO NY	<input checked="" type="checkbox"/> DELETE	
SD	TOOHEY, PHILIP, S	1 MARINE MIDLAND CENTER	BUFFALO NY	<input type="checkbox"/> DELETE	
AS	GRANO, ANN, KUHN	1 MARINE MIDLAND CENTER	BUFFALO NY	<input type="checkbox"/> DELETE	
<b>13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12</b>					
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
1.2 NAME					
1.3 STREET ADDRESS					
1.4 CITY-ST-ZIP					
2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition				
2.2 NAME	PRESIDENT				
2.3 STREET ADDRESS	KARLSSON, LEIF B.				
2.4 CITY-ST-ZIP	ONE MARINE MIDLAND CTR. BUFFALO, NY 14203				
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
3.2 NAME					
3.3 STREET ADDRESS					
3.4 CITY-ST-ZIP					
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
4.2 NAME					
4.3 STREET ADDRESS					
4.4 CITY-ST-ZIP					
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
5.2 NAME					
5.3 STREET ADDRESS					
5.4 CITY-ST-ZIP					
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
6.2 NAME					
6.3 STREET ADDRESS					
6.4 CITY-ST-ZIP					
<b>14. I do 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 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.</b>					
<b>SIGNATURE:</b>  <b>Richard P. Rich</b> 2/11/97 7168412153 SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					

CR2E034 (9/96)