

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 04, 2004 8:00 am
Secretary of State

02-04-2004 90069 033 ***150.00

DOCUMENT # P25132

1. Entity Name
CARD-FLO #2, INC.



Principal Place of Business

**1 HSBC CENTER
27TH FLOOR
BUFFALO, NY 14203 US**

Mailing Address

**1 HSBC CENTER
27TH FLOOR
BUFFALO, NY 14203 US**

24007618



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01282004

Chg-P

CR2E034 (10/03)

City & State

City & State

4. FEI Number

16-1350135

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324**

Name

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

City

FL

Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

T
NAME
SIMPSON, JOSEPH R
STREET ADDRESS
ONE HSBC CENTER
CITY-ST-ZIP
BUFFALO, NY 14203

☐ Delete

☐ Change ☐ Addition

P
NAME
HUNTER, DAVID J
STREET ADDRESS
1 HSBC CENTER
CITY-ST-ZIP
BUFFALO, NY 14203

☐ Delete

☒ Change ☐ Addition
President
David J. Hunter
2929 Walden Avenue
Depew, New York 14043

SD
NAME
TOOHEY, PHILIP, S
STREET ADDRESS
1 HSBC CENTER
CITY-ST-ZIP
BUFFALO, NY

☐ Delete

☐ Change ☐ Addition

AS
NAME
KUJAWA, HELEN
STREET ADDRESS
1 HSBC CENTER
CITY-ST-ZIP
BUFFALO, NY 14203

☐ Delete

☐ Change ☐ Addition

☐ Delete

☐ Change ☐ Addition

☐ Delete

☐ Change ☐ Addition

12. 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 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Helen Kujawa

Assistant Secretary

716-841-5191

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #