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FILED
May 16 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1997

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

DOCUMENT # **P29055** **(1)**

1. Corporation Name
DONALD J. BERGMANN AND ASSOCIATES, INC.

Principal Place of Business	Mailing Address
626 EASTON ROAD GLENSIDE PA 19038	ONE SOUTH WASHINGTON ST ROCHESTER NE 14614-1125 US

3. Date Incorporated or Qualified: **04/25/1990**
3a. Date of Last Report: **06/27/1996**

2. Principal Place of Business — 21
Suite, Apt. #, etc. — 22
City & State — 23
Zip — 24 Country — 25

2a. Mailing Address — 26
Suite, Apt. #, etc. — 27
City & State — 28
Zip — 29 Country — 30

4. FEI Number: **25-1407718** ☐ 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

9. Name and Address of Current Registered Agent

MURRAY, JOHN R.
250 FAIRWAY POINTE CIRCLE
APT 322
ORALNDO FL 32828

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	BERGMANN, DONALD J		1.2 NAME		
STREET ADDRESS	ONE SOUTH WASHINGTON ST.		1.3 STREET ADDRESS		
CITY-ST-ZIP	ROCHESTER NY		1.4 CITY-ST-ZIP		
TITLE	VSD	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	DOUGHERTY, BRIAN		2.2 NAME		
STREET ADDRESS	ONE SOUTH WASHINGTON ST.		2.3 STREET ADDRESS		
CITY-ST-ZIP	ROCHESTER NY		2.4 CITY-ST-ZIP		
TITLE	VD	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	MURRAY, JOHN R		3.2 NAME		
STREET ADDRESS	250 FAIRWAY POINTE CIRCLE		3.3 STREET ADDRESS		
CITY-ST-ZIP	ORLANDO FL		3.4 CITY-ST-ZIP		
TITLE	VD	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	OLIN, GARY B		4.2 NAME		
STREET ADDRESS	ONE SOUTH WASHINGTON ST		4.3 STREET ADDRESS		
CITY-ST-ZIP	ROCHESTER NY		4.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	ISTVAN, JOSEPH J		5.2 NAME		
STREET ADDRESS	ONE SOUTH WASHINGTON ST		5.3 STREET ADDRESS		
CITY-ST-ZIP	ROCHESTER NY		5.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	O'DICKEY, WILLIAM J		6.2 NAME		
STREET ADDRESS	ONE SOUTH WASHINGTON ST		6.3 STREET ADDRESS		
CITY-ST-ZIP	ROCHESTER NY		6.4 CITY-ST-ZIP		

CR2E034 (9/96)

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.

SIGNATURE: Gary B. Olin SIGNATURE REQUIRED — 4/30/97 — (716) 232-5135
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

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