FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **P30014** **(5)**

1. Corporation Name

MARINE MIDLAND MORTGAGE CORPORATION

Principal Place of Business	Mailing Address
ONE MARINE MIDLAND CENTER 14TH FLOOR BUFFALO NY 14203 US	ONE MARINE MIDLAND CENTER 14TH FLOOR BUFFALO NY 14203 US

3. Date Incorporated or Qualified: **06/29/1990**
3a. Date of Last Report: **06/27/1995**

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: **15-1245395** ☐ 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

THE PRENTICE-HALL CORPORATION SYSTEM INC.
1201 HAYS STREET
SUITE 105
TALLAHASSEE FL 32301

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	P	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	ROTH, ROBERT		1.2 NAME		
STREET ADDRESS	8155 CLARHERST DRIVE		1.3 STREET ADDRESS		
CITY-ST-ZIP	EAST AMHERST NY		1.4 CITY-ST-ZIP		
TITLE	DS	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	TOOHEY, PHILIP S		2.2 NAME		
STREET ADDRESS	ONE SMOKES CREEK ROAD		2.3 STREET ADDRESS		
CITY-ST-ZIP	ORCHARD PARK FL		2.4 CITY-ST-ZIP		
TITLE	AVPT	☐ DELETE	3.1 TITLE	Senior Vice President / Treasurer	☒ Change ☐ Addition
NAME	MEYER, JOSEPH M		3.2 NAME		
STREET ADDRESS	231 TIMBERLINE DR		3.3 STREET ADDRESS		
CITY-ST-ZIP	GRAND ISLAND NY		3.4 CITY-ST-ZIP		
TITLE	VP	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	DINTINO, DNIEL		4.2 NAME		
STREET ADDRESS	2164 PORTSIDE DRIVE		4.3 STREET ADDRESS		
CITY-ST-ZIP	LAKEVIEW NY		4.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	DAVIDSON, PETER		5.2 NAME		
STREET ADDRESS	4990 SANDSTONE COURT		5.3 STREET ADDRESS		
CITY-ST-ZIP	CLARENCE NY		5.4 CITY-ST-ZIP		
TITLE	SVP	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	MILLER, JEFFRY		6.2 NAME		
STREET ADDRESS	89 GREENCASTLE LANE		6.3 STREET ADDRESS		
CITY-ST-ZIP	WILLIAMSVILLE NY		6.4 CITY-ST-ZIP		

CR2E034 (12/95)

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: Joseph M. Meyer — JAN. 22, 1996 — (716) 841-2658
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #