


**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**May 27, 2008 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P30881</b> 1. Entity Name <b>WOODLAKE CORPORATION</b>	
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Principal Place of Business <b>237 MAIN STREET SUITE 600 BUFFALO, NY 14203 US</b>	Mailing Address <b>237 MAIN STREET SUITE 600 BUFFALO, NY 14203 US</b>
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**DO NOT WRITE IN THIS SPACE**



05222008 No Chg-P CR2E034 (11/05)

4. FEI Number <b>16-1373211</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

**BURNS, THERESA M  
9439 SAN JOSE BLVD  
JACKSONVILLE, FL 32257**

**DO NOT WRITE  
IN THIS SPACE**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00  
Due by September 12, 2008**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00** May Be  
Added to Fees

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P O'MARA, MICHAEL M 237 MAIN STREET, SUITE 600 BUFFALO, NY 14203
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST BURNS, THERESA M 237 MAIN STREET, SUITE 600 BUFFALO, NY 14203
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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:**  **5.22.08** **(716) 8550341**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #