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 # **P34221** (2)

1. Corporation Name

EMERALD CAPITAL MANAGEMENT LTD. INC.

Principal Place of Business
825 CLINTON SQUARE
ROCHESTER NY 14604

Mailing Address
825 CLINTON SQUARE
ROCHESTER NY 14604

3. Date Incorporated or Qualified: 06/06/1991
3a. Date of Last Report: 01/31/1995
4. FEI Number: 16-1382116 ☐ 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

2. Principal Place of Business
21 180 Linden Oaks
Suite, Apt. #, etc.
22 Suite #400
City & State
23 Rochester, NY
Zip
24 14625
Country
25 USA

2a. Mailing Address
26 180 Linden Oaks
Suite, Apt. #, etc.
27 Suite #400
City & State
28 Rochester, NY
Zip
29 14625
Country
30 USA

9. **Name and Address of Current Registered Agent**

CAPITAL CONNECTION, INC.
417 E. VIRGINIA ST., SUITE ONE
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 ______

12. OFFICERS AND DIRECTORS

TITLE	PCS	☐ DELETE
NAME	GOODHUE, WILLIAM R.	
STREET ADDRESS	825 CLINTON SQUARE	
CITY-ST-ZIP	ROCHESTER NY	
TITLE	VT	☐ DELETE
NAME	GOODHUE, WILLIAM R.	
STREET ADDRESS	825 CLINTON SQUARE	
CITY-ST-ZIP	ROCHESTER NY	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1 1 TITLE		☐ Change ☐ Addition
1 2 NAME		
1 3 STREET ADDRESS	180 Linden Oaks, Suite #400	
1 4 CITY-ST-ZIP	Rochester, NY 14625	
2 1 TITLE		☐ Change ☐ Addition
2 2 NAME		
2 3 STREET ADDRESS	180 Linden Oaks, Suite #400	
2 4 CITY-ST-ZIP	Rochester, NY 14625	
3 1 TITLE		☐ Change ☐ Addition
3 2 NAME		
3 3 STREET ADDRESS		
3 4 CITY-ST-ZIP		
4 1 TITLE		☐ Change ☐ Addition
4 2 NAME		
4 3 STREET ADDRESS		
4 4 CITY-ST-ZIP		
5 1 TITLE		☐ Change ☐ Addition
5 2 NAME		
5 3 STREET ADDRESS		
5 4 CITY-ST-ZIP		
6 1 TITLE		☐ Change ☐ Addition
6 2 NAME		
6 3 STREET ADDRESS		
6 4 CITY-ST-ZIP		

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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: [signature] PRESIDENT 1/31/96
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
William R. Goodhue 716-385-4310