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Mar 06 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 # P35884 (6)

1. Corporation Name
CORE/DCC HOLDINGS, INC.



Principal Place of Business
ONE MARINE MIDLAND CENTER
15TH FLOOR
BUFFALO NY 14203
US

Mailing Address
ONE MARINE MIDLAND CENTER
15TH FLOOR
BUFFALO NY 14203-2842
US

3. Date Incorporated or Qualified 10/11/1991
3a. Date of Last Report 02/14/1996

2. Principal Place of Business

2a. Mailing Address

4. FEI Number
16-1406930

Applied For
Not Applicable

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

22 City & State

27 City & State

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

23 Zip

Country

28 Zip

Country

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

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9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE VP
NAME CINQUINO, JOHN R
STREET ADDRESS 1 MARINE MIDLAND CENTER
CITY-ST-ZIP BUFFALO NY

1.1 TITLE PRESIDENT
1.2 NAME KARLSSON, LEIF B.
1.3 STREET ADDRESS 1 MARINE MIDLAND CENTER
1.4 CITY-ST-ZIP BUFFALO, NY 14203

TITLE VP
NAME CONYBEARE, CAROLYN E
STREET ADDRESS 1 MARINE MIDLAND CENTER
CITY-ST-ZIP BUFFALO NY

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE SD
NAME TOOHEY, PHILIP S.
STREET ADDRESS ONE MARINE MIDLAND CNTR
CITY-ST-ZIP BUFFALO NY

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE T
NAME SOMMER, MARY B.
STREET ADDRESS ONE MARINE MIDLAND CNTR
CITY-ST-ZIP BUFFALO NY

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE AT
NAME RICH, RICHARD P.
STREET ADDRESS ONE MARINE MIDLAND CNTR
CITY-ST-ZIP BUFFALO NY

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

0008967

CR2E034 (9/96)