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 # **P38794** **(4)**

1. Corporation Name

BNY HAMILTON DISTRIBUTORS, INC.

Principal Place of Business	Mailing Address
11 GREENWAY PLAZA STE. 300 HOUSTON TX 77046 US	11 GREENWAY PLAZA STE. 300 HOUSTON TX 77046 US

3. Date Incorporated or Qualified: **05/14/1992**

3a. Date of Last Report: **10/26/1995**

4. FEI Number: **13-3663110** ☐ 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	2a. Mailing Address
21	26 c/o Bisys
22 Suite, Apt. #, etc.	27 3435 Stelzer Rd.
23 City & State	28 Columbus, Ohio
24 Zip / 25 Country	29 43219 / 30 Country

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 607.0503 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	PCEO	☐ DELETE
NAME	STIERWALT, RICHARD E	
STREET ADDRESS	3435 STELZER ROAD	
CITY-ST-ZIP	COLUMBUS OH 43219	
TITLE	EVP	☐ DELETE
NAME	MINTOS, STEPHEN G	
STREET ADDRESS	3435 STELZER ROAD	
CITY-ST-ZIP	COLUMBUS OH 43219	
TITLE	S	☐ DELETE
NAME	DWYER, CATHERINE T	
STREET ADDRESS	150 CLOVE ROAD	
CITY-ST-ZIP	LITTLE FALLS NJ 07424	
TITLE	VCFO	☐ DELETE
NAME	SMITH, DALE W	
STREET ADDRESS	3435 STELZER ROAD	
CITY-ST-ZIP	COLUMBUS OH 43219	
TITLE	D	☐ DELETE
NAME	MCMULLAN, ROBERT J	
STREET ADDRESS	150 CLOVE ROAD	
CITY-ST-ZIP	LITTLE FALLS NJ 07424	
TITLE	DC	☐ DELETE
NAME	MANGUM, LYNN J	
STREET ADDRESS	150 CLOVE ROAD	
CITY-ST-ZIP	LITTLE FALLS NJ 07424	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE		☐ Change ☐ Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE		☐ Change ☐ Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
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		

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)(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, added or deleted.

SIGNATURE: _____ 3-22-96 614 470 8039

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (12/95)