

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**CORPORATION
ANNUAL REPORT
1995**



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

**APPROVED
AND
FILED**

95 MAY -1 AM 9:43

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P40708 (0)

1. Corporation Name

RECOVERY REMEDIES INCORPORATED

Principal Place of Business

Mailing Address

**1 M M CENTER, PLAZA WEST WING
BUFFALO NY 14203**

**2000 MARINE MIDLAND CENTER
BUFFALO NY 14203
US**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

3a. Date of Last Report

09/30/1992

05/01/1994

4. FEI Number

Applied For

16-1422530

☐ 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 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

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 reconstituting)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **P**
NAME **BRODERICK, SANDRA M.**
STREET ADDRESS **237 MAIN STREET, 9TH FL.**
CITY-ST-ZIP **BUFFALO NY**

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE **V**
NAME **KISKER, LAURENCE K.**
STREET ADDRESS **ONE MARINE MIDLAND CNTR.**
CITY-ST-ZIP **BUFFALO NY.**

2.1 TITLE ☒ Change ☐ Addition
2.2 NAME **WARRINGTON, JAMES F.**
2.3 STREET ADDRESS **ONE MARINE MIDLAND CENTER**
2.4 CITY-ST-ZIP **BUFFALO NEW YORK 14203**

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

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

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

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

TITLE **AS**
NAME **HOLINKA, JOHN G.**
STREET ADDRESS **ONE MARINE MIDLAND CNTR.**
CITY-ST-ZIP **BUFFALO NY**

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

TITLE
NAME
STREET ADDRESS
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 110.07(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:

Mary B. Sommer
SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERING OFFICER OR DIRECTOR

4/25/95
(Date)

841-4545
(Telephone Number)