

FILE NOW: FILING FEE AFTER M' 1 IS \$225.00

FILED

May 19 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997  
FLORIDA DEPARTMENT OF STATE  
Sandra B. Morham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P95000012334

1. Corporation Name

COLUMBIA SMYRNA GROUP, INC.

Principal Place of Business

52 CORPORATE CIRCLE  
ALBANY, NY 12203

Mailing Address

52 CORPORATE CIRCLE  
ALBANY, NY 12203

3. Date Incorporated or Qualified  
02/14/95

3a. Date of Last Report  
12/31/96

2. Principal Place of Business

21 52 CORPORATE CIRCLE

2a. Mailing Address

26 52 CORPORATE CIRCLE

4. FEI Number

14-1779810

Applied For

Not Applicable

Suite, Apt. #, etc.

22

Suite, Apt. #, etc.

27

\$8.75 Additional

Fee Required

City & State

23 ALBANY, NY

City & State

28 ALBANY, NY

6. Election Campaign Financing

Trust Fund Contribution

\$5.00 May Be

Added to Fees

Zip

24 12203

Country

25 U.S.

Zip

29 12203

Country

30 U.S.

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

JOSEPH D. LOTURCO  
19850 BRECKENRIDGE DRIVE  
ESTERO, FLORIDA 33928

81 Name

N/A

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)

4/9/98

DATE

12. OFFICERS AND DIRECTORS

TITLE PRESIDENT ☐ DELETE  
NAME JOSEPH D. LOTURCO  
STREET ADDRESS 1980 BRECKENRIDGE DRIVE  
CITY-ST-ZIP ESTERO, FL. 33928

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
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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

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 4-00002530504

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4.4 CITY-ST-ZIP \*\*\*61.25

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)(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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

941-952-4140

Amendment

5.19