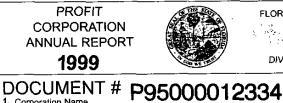
1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

## FILED Mar 04, 1999 8:00 am **Secretary of State**

03-04-1999 90122 005 \*\*\*150.00

COLUMBIA SMYRNA GROUP, INC. Mailing Address Principal Place of Business 52 CORPORATE CIRCLE 52 CORPORATE CIRCLE ALBANY NY 12203 ALBANY NY 12203 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed 02/14/1995 4. FEI Number Applied For 2a. Mailing Address 2. Principal Place of Business Not Applicable 14-1779810 26 21 \$8.75 Additional Suite, Apt. #, etc. Suite, Apt. #, etc. 5. Certifcate of Status Desired Fee Required 22 27 City & State City & State \$5.00 May Be 6. Election Campaign Financing Added to Fees Trust Fund Contribution 23 28 Country 8. This corporation owes the current year Intangible Zip Country Zip Personal Property Tax. 30 24 29 Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 LOTURCO, JOSEPH D 82 Street Address (P.O. Box Number is Not Acceptable) 19850 BRECKENRIDGE DR **ESTERO FL** 83 Zip Code 84 85 City 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 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS 13. PRESIDENT Change € DELETE 1.1 TITLE TIT! F DONALD LED DYKE 1.2 NAME NAME LOTURCO, JOSEPH D 52 CORPORATE EIRCLE STREET ADDRESS 1980 BRECKENRIDGE DRIVE 1.3 STREET ADDRESS ALBANY, NY 17203 ESTERO FL 33928 1.4 CITY-ST-ZIP CITY-ST-ZIF DELETE UP/ TREASUROR ☐ Change Addition 2.1 TITLE TITLE MICHAEL BETTE 2.2 NAME NAME 52 CORPURATE CIRCLE 2.3 STREET ADDRESS STREET ADDRESS ALBANY, NY 12203 . 2. 4 CITY-ST-ZIP CITY-ST-ZIP Addition ☐ Change ☐ DELETE 3.1 TITLE TITLE JOE NICOLLA 3.2 NAME NAME 30 GEPREATE CIECLE 3.3 STREET ADDRESS STREET ADDRESS ALBANY, NY 1223 3.4. CITY-ST-ZIP CfTY-ST-ZIP Addition Change DELETE 4.1 TITLE TITLE JUHN SULLIVAN 4. 2 NAME NAME 52 CORPORATE CIRCLE 4.3 STREET ADDRESS STREET ADDRESS ALBANY, NY. 12203 CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE ☐ Change ☐ Addition 5.1 TITLE TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition DELETE 6.1 TITLE 6.2 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS 6.4 CITY-ST-ZIP CITY-ST-ZIP

14. I 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, with all other like empowered.

SIGNATURE:

John K Sulliver : PED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (11/98)