

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 # P95000020150 (5)

1. Corporation Name

DELAWARE NORTH PARKS SERVICES OF SPACEPORT, INC.



Principal Place of Business

Mailing Address

438 MAIN ST.
BUFFALO NY 14202

438 MAIN ST.
BUFFALO NY 14202

3. Date Incorporated or Qualified

3a. Date of Last Report

03/13/1995

4. FEI Number

Applied For

16-1476829

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

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CT CORPORATION SYSTEM
1200 S. PINE ISLAND RD.
TALLAHASSEE FL 33324

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 new registered agent, if not in applicable

Signature, typed or printed name of new registered agent, if not in applicable

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE P ☐ DELETE
NAME RICK ABRAMSON
STREET ADDRESS DELAWARE NORTH PARK SERVICES
CITY-STATE-ZIP KENNEDY SPACE CTR, FLA 32899

1.1 TITLE ☐ Change ☒ Addition
1.2 NAME DIRECTOR
1.3 STREET ADDRESS DENNIS J. SZEFEI
1.4 CITY-STATE-ZIP 438 MAIN ST
BUFFALO, NY 14202

TITLE VP ☐ DELETE
NAME G. GAIL EDWARDS
STREET ADDRESS 438 MAIN ST
CITY-STATE-ZIP BUFFALO, NY 14202

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-STATE-ZIP

TITLE S ☐ DELETE
NAME JANICE R. TRYBUS
STREET ADDRESS 438 MAIN ST
CITY-STATE-ZIP BUFFALO, NY 14202

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

TITLE T ☐ DELETE
NAME JESSICA RAHUBA
STREET ADDRESS 438 MAIN ST
CITY-STATE-ZIP BUFFALO, NY 14202

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

TITLE D ☐ DELETE
NAME JEREMY M. JACOBS, JR.
STREET ADDRESS 438 MAIN ST
CITY-STATE-ZIP BUFFALO, NY 14202

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

TITLE D ☐ DELETE
NAME BRYAN J. KELLER
STREET ADDRESS 438 MAIN ST
CITY-STATE-ZIP BUFFALO, NY 14202

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-STATE-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:

Janice R. Trybus

JANICE R. TRYBUS-SECY. (716) 858-5000

4/11/96

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

(Date)

Office Phone #

CR2E034 (12/95)