

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

**May 20 1997 8:00am
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # P96000060689 (2)
1. Corporation Name
CH FUNDING CORP.



Principal Place of Business
**C/O THE CORPORATION
ONE AIRPORT WAY SUITE 200
ROCHESTER NY 14624**

Mailing Address
**C/O THE CORPORATION
ONE AIRPORT WAY SUITE 200
ROCHESTER NY 14624-3160**

3. Date Incorporated or Qualified **07/19/1996** 3a. Date of Last Report
4. FEI Number **16-1506265** 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 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
**FLORIDA FILING & SEARCH SERVICES, INC.
* 3260 BALDWIN DRIVE W.
TALLAHASSEE FL 32308**

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 607.0502 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 _____ (NOT Registered Agent's signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	DP	<input type="checkbox"/> DELETE
NAME	SAHS, BRUCE A	
STREET ADDRESS	ONE AIRPORT WAY SUITE 200	
CITY-ST-ZIP	ROCHESTER NY 14624	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE	DP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE	DC	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	E. ANDREW WILSON	
2.3 STREET ADDRESS	ONE AIRPORT WAY, SUITE 200	
2.4 CITY-ST-ZIP	ROCHESTER, NY 14624	
3.1 TITLE	DP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	THOMAS CURTIN	
3.3 STREET ADDRESS	ONE AIRPORT WAY, SUITE 200	
3.4 CITY-ST-ZIP	ROCHESTER, NY 14624	
4.1 TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	ALEX S. LOCKWOOD	
4.3 STREET ADDRESS	ONE AIRPORT WAY, SUITE 200	
4.4 CITY-ST-ZIP	ROCHESTER, NY 14624	
5.1 TITLE	TV	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	RAVIN PERK	
5.3 STREET ADDRESS	ONE AIRPORT WAY, SUITE 200	
5.4 CITY-ST-ZIP	ROCHESTER, NY 14624	
6.1 TITLE	AS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	TARAS KOLLID	
6.3 STREET ADDRESS	ONE AIRPORT WAY, SUITE 200	
6.4 CITY-ST-ZIP	ROCHESTER, NY 14624	

14. I do 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, trustee or 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.

CR2E034 (9/96)