## 2002 UNIFORM BUSINESS REPORT (UBR)

NAME STREET ADDRESS CITY-ST-ZIP  BENDERSON, NATHAN STREET ADDRESS CITY-ST-ZIP  NAME STREET ADDRESS CITY-ST-ZIP  CITY-ST-ZIP	For icable
Suite, Apt. #, etc.  City & State  City & State  Country  The country  State State Status Desired Agent Status Desired Status Desired Agent Stat	For icable
City & State  Country  Country  Country  Country  Country  S. Certificate of Status Desired  \$8.75 Addition Fee Required  Fee Required  Fee Required  Fee Required  CORPORATION SERVICE COMPANY  1201 HAYS STREET  TALLAHASSEE FL 32301-2525  City  FL  Zip Code  8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.  SIGNATURE  Signature, bysed or printed name of registered agent and title if applicable.  (NOTE: Registered Agent signature required when relevating)  DATE  9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.  (See criteria on back)  Make Check Payable to Department of State  11. OFFICERS AND DIRECTORS  12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN MAKE STREET ADDRESS STREET ADDRESS STREET ADDRESS CITY-SI-ZIP  BUFFALO NY 14202	icable
Zip Country Zip Country 5. Certificate of Status Desired \$8.75 Addition Fee Required  6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent  CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE FL 32301-2525  City FL Zip Code  8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.  SIGNATURE  Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature requires when reinstalling)  PATE  9. This corporation is elligible to satisfy its Intangible Tax filling requirement and elects to do so. (See criteria on back)  The Added to Florida State of Florida State o	icable
6. Name and Address of Current Registered Agent  7. Name and Address of New Registered Agent  Name  CORPORATION SERVICE COMPANY 1201 HAYS STREET  TALLAHASSEE FL 32301-2525  City  FL  Zip Code  8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.  SIGNATURE  Signature, typed or printed name of registered agent and title if applicable  NOTE: Registered Agent signature required when reinstating)  PATE  9. This corporation is eligible to satisfy its Intangible Tax filling requirement and elects to do so.  (See criteria on back)  TILE  NAME  SIREET ADDRESS  CITY-ST-ZIP  BUFFALO NY 14202  Fee Required  7. Name and Address of New Registered Agent  Name  Name  Name  Name  Name  Name  Name  Name  Address (P.O. Box Number is Not Acceptable)  Title  Name  Signature required when reinstating)  DATE  7. Name and Address of New Registered Agent  Name and Address of New Registered Agent  Name  Name  Address (P.O. Box Number is Not Acceptable)  Title  Name  Signature required when reinstating)  DATE  7. Name and Address of New Registered Agent  Name  Signature required  Name  10. Election Campaign Financing  Trust Fund Contribution.  Added to Financian State  Added to Financian Change  Street Address  Title  Name  Sirrect Address (P.O. Box Number is Not Acceptable)	
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TITLE  NAME STREET ADDRESS CITY-ST-ZIP  13. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes and officer or does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes.	

GNATURE: Unique 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

DAVID H. BALDAUF

DIRECTOR

1/80/02 7/6-886-02/1

4/30/02 7/6.886.021/