


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 30, 2004 8:00 am**  
**Secretary of State**

04-30-2004 90222 030 \*\*\*150.00

<b>DOCUMENT # P98000053622</b> 1. Entity Name <b>BUFFALO-TRUST SPE, INC.</b>					
Principal Place of Business <b>570 DELAWARE AVENUE BUFFALO, NY 14202</b>			Mailing Address <b>570 DELAWARE AVENUE BUFFALO, NY 14202</b>		
2. Principal Place of Business <b>8441 Cooper Creek Blvd</b> Suite, Apt. #, etc.		3. Mailing Address <b>8441 Cooper Creek Blvd</b> Suite, Apt. #, etc.			
City & State <b>University Park FL</b> Zip <b>34201</b> Country		City & State <b>University Park FL</b> Zip <b>34201</b> Country		4. FEI Number <b>16-1553927</b> Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>				01202004 Chg-P CR2E034 (10/03)	
6. Name and Address of Current Registered Agent  <b>CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525</b>			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BENDERSON, NATHAN 570 DELAWARE AVENUE BUFFALO, NY 14202	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	<b>8441 Cooper Creek Blvd University Park FL 34201</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BENDERSON, RONALD 570 DELAWARE AVENUE BUFFALO, NY 14202	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BALDAUF, DAVID H 570 DELAWARE AVENUE BUFFALO, NY 14202	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	<b>8441 Cooper Creek Blvd University Park FL 34201</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FLEISCHMANN, PETER 787 DELAWARE AVENUE BUFFALO, NY 14209	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <u>David H. Baldauf</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			<b>DAVID H. BALDAUF</b> <b>VP</b> Date <b>4/22/2004</b> Daytime Phone # <b>941.359.8303</b>		

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