

2016 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000065629

Entity Name: FIRST ALLIED JACKSONVILLE CORPORATION**Current Principal Place of Business:**270 COMMERCE DR
ROCHESTER, NY 14623**Current Mailing Address:**270 COMMERCE DR
ROCHESTER, NY 14623 US**FEI Number:** 06-1587978**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CT CORPORATION SYSTEM
1200 S PINE ISLAND RD
PLANTATION, FL 33324 US*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:**_____
Electronic Signature of Registered Agent_____
Date**Officer/Director Detail :**

Title	D
Name	GLAZER, LINDA
Address	270 COMMERCE DR ROCHESTER, NY 1
City-State-Zip:	ROCHESTER NY 14623

Title	V
Name	SONDERICKER, WILLIAM
Address	270 COMMERCE DR ROCHESTER, NY 1
City-State-Zip:	ROCHESTER NY 14623

Title	V
Name	GLAZER, JOEL
Address	270 COMMERCE DR ROCHESTER, NY 1
City-State-Zip:	ROCHESTER NY 14623

Title	V
Name	GLAZER, KEVIN
Address	270 COMMERCE DR ROCHESTER, NY 1
City-State-Zip:	ROCHESTER NY 14623

Title	V
Name	GLAZER, EDWARD
Address	270 COMMERCE DR ROCHESTER, NY 1
City-State-Zip:	ROCHESTER NY 14623

Title	V
Name	GLAZER, BRYAN
Address	270 COMMERCE DR ROCHESTER, NY 1
City-State-Zip:	ROCHESTER NY 14623

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: WILLIAM SONDERICKER

VICE PRESIDENT

04/19/2016

Electronic Signature of Signing Officer/Director Detail_____
Date