

No. C 127045		Due no later than Jan 31, 2011		2. Registered Agent and Address (NO PO BOX)		
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE		Annual Report Form 1. Mailing Address: Correct in this box if needed. PAYCHEX INSURANCE AGENCY, INC. MICHAEL NESBITT 911 PANORAMA TRAIL SOUTH ROCHESTER NY 14625		CT CORPORATION SYSTEM 1111 W JEFFERSON STE 530 BOISE ID 83702 USA		
				3. <u>New</u> Registered Agent Signature:*		
4. Corporations: Enter Names and Business Addresses of President, Secretary, and Directors. Treasurer (optional).						
Office Held	Name	Street or PO Address	City	State	Country	Postal Code
SECRETARY	JOHN MORPHY	911 PANORAMA TRAIL SOUTH	ROCHESTER	NY	USA	14625
DIRECTOR	JOANNE SWETMAN	911 PANORAMA TRAIL SOUTH	ROCHESTER	NY	USA	14625
DIRECTOR	JOHN MORPHY	911 PANORAMA TRAIL SOUTH	ROCHESTER	NY	USA	14625
TREASURER	JOHN MORPHY	911 PANORAMA TRAIL SOUTH	ROCHESTER	NY	USA	14625
DIRECTOR	JOSEPH DOWD	911 PANORAMA TRAIL SOUTH	ROCHESTER	NY	USA	14625
DIRECTOR	KEVIN HILL	911 PANORAMA TRAIL SOUTH	ROCHESTER	NY	USA	14625
PRESIDENT	KEVIN HILL	911 PANORAMA TRAIL SOUTH	ROCHESTER	NY	USA	14625
5. Organized Under the Laws of: NY C 127045		6. Annual Report must be signed.* Signature: Michael Nesbitt Name (type or print): Michael Nesbitt Date: 12/06/2010 Title: Director of Tax				
Processed 12/06/2010		* Electronically provided signatures are accepted as original signatures.				