

No. C 127045		Due no later than Jan 31, 2017		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. 911 PANORAMA TRAIL SOUTH ROCHESTER NY 14625 USA		C T CORPORATION SYSTEM 921 S ORCHARD ST STE G BOISE ID 83705		
				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
DIRECTOR	KEVIN HILL	911 PANORAMA TRAIL SOUTH	ROCHESTER	NY	USA	14625
PRESIDENT	KEVIN HILL	911 PANORAMA TRAIL SOUTH	ROCHESTER	NY	USA	14625
DIRECTOR	EFRAIN RIVERA	911 PANORAMA TRAIL SOUTH	ROCHESTER	NY	USA	14625
TREASURER	EFRAIN RIVERA	911 PANORAMA TRAIL SOUTH	ROCHESTER	NY	USA	14625
SECRETARY	STEPHANIE SCHAEFFER	911 PANORAMA TRAIL SOUTH	ROCHESTER	NY	USA	14625
DIRECTOR	LYNN BELECKI	911 PANORAMA TRAIL SOUTH	ROCHESTER	NY	USA	14625
VICE PRESIDENT	LYNN BELECKI	911 PANORAMA TRAIL SOUTH	ROCHESTER	NY	USA	14625
5. Organized Under the Laws of: NY C 127045		6. Annual Report must be signed.* Signature: Efrain Rivera Name (type or print): Efrain Rivera Date: 01/06/2017 Title: Treasurer				
Processed 01/06/2017		* Electronically provided signatures are accepted as original signatures.				