

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra D. Morinam
Secretary of State
DIVISION OF CORPORATIONS

**APPROVED
AND
FILED**

95 APR 10 PM 1:02

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **F93000003170 (8)**

1. Corporation Name
BELL CIVL. INC.

Principal Place of Business 1340 LEXINGTON AVENUE ROCHESTER NY 14608	Mailing Address 1340 LEXINGTON AVENUE ROCHESTER NY 14608
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DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified 07/09/1993	3a. Date of Last Report 05/01/1994
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2. Principal Place of Business	2a. Mailing Address	4. FEI Number 16-1275283	Applied For <input type="checkbox"/> Not Applicable
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
22. City & State	27. City & State	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
23. Zip	28. Zip	8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
24. Country	29. Country		
25. Country	30. Country		

9. Name and Address of Current Registered Agent
**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324**

10. Name and Address of New Registered Agent

81. Name	
82. Street Address (P.O. Box Number Is Not Acceptable)	
83.	
84. City	FL
	85. Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1506, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when translating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	TCO	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BELL, JOSEPH M	1.2 NAME	
STREET ADDRESS	1340 LEXINGTON AVE.	1.3 STREET ADDRESS	
CITY - ST - ZIP	ROCHESTER NY 14608	1.4 CITY - ST - ZIP	
TITLE	PD	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BELL, JAMES J	2.2 NAME	
STREET ADDRESS	1340 LEXINGTON AVE.	2.3 STREET ADDRESS	
CITY - ST - ZIP	ROCHESTER NY 14608	2.4 CITY - ST - ZIP	
TITLE	SD	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BELL, THOMAS F	3.2 NAME	
STREET ADDRESS	1340 LEXINGTON AVE.	3.3 STREET ADDRESS	
CITY - ST - ZIP	ROCHESTER NY 14608	3.4 CITY - ST - ZIP	
TITLE	V	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DEROO, ROBERT F	4.2 NAME	
STREET ADDRESS	1340 LEXINGTON AVE.	4.3 STREET ADDRESS	
CITY - ST - ZIP	ROCHESTER NY 14608	4.4 CITY - ST - ZIP	
TITLE	D	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BELL, RICHARD T	5.2 NAME	
STREET ADDRESS	1340 LEXINGTON AVE.	5.3 STREET ADDRESS	
CITY - ST - ZIP	ROCHESTER NY 14608	5.4 CITY - ST - ZIP	
TITLE	D	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BELL, LAWRENCE D	6.2 NAME	
STREET ADDRESS	1340 LEXINGTON AVE.	6.3 STREET ADDRESS	
CITY - ST - ZIP	ROCHESTER NY 14608	6.4 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Robert F. DeRoo VP DATE: 04-03-95 (716) 277-1000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
ROBERT F. DeRoo Vice-President