

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Jan 23, 2001 8:00 am**  
**Secretary of State**

01-23-2001 90071 035 \*\*\*150.00

0603785

**DOCUMENT # F93000003178**

1. Entity Name  
**BELL CONSTRUCTORS, INC.**

Principal Place of Business 1340 LEXINGTON AVENUE ROCHESTER NY 14606	Mailing Address 1340 LEXINGTON AVENUE ROCHESTER NY 14606
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address		4. FEI Number <b>03-0285957</b>		Applied For	
Suite, Apt. #, etc.		Suite, Apt. #, etc.				Not Applicable	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required	
Zip	Country	Zip	Country				

6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent							
<b>C T CORPORATION SYSTEM</b> <b>1200 SOUTH PINE ISLAND ROAD</b> <b>PLANTATION FL 33324</b>				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.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>	<b>FILE NOW!!! FEE IS \$150.00</b> <b>After MAY 1, 2001 Fee will be \$550.00</b> <b>Make Check Payable to Department of State</b>	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
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11. OFFICERS AND DIRECTORS			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE <b>PDCT</b>	NAME <b>BELL, JOSEPH M</b>	<input type="checkbox"/> Delete	TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS <b>1340 LEXINGTON AVENUE</b>	CITY-ST-ZIP <b>ROCHESTER NY</b>		<b>SEE ATTACHED</b>		
TITLE <b>VP</b>	NAME <b>BARDIN, G. WILLIAM</b>	<input type="checkbox"/> Delete	TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS <b>2203 REDMAN RD</b>	CITY-ST-ZIP <b>BROCKPORT NY</b>		TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE <b>VSD</b>	NAME <b>BELL, THOMAS F</b>	<input type="checkbox"/> Delete	TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS <b>1340 LEXINGTON AVENUE</b>	CITY-ST-ZIP <b>ROCHESTER NY 14606</b>		TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE <b>V</b>	NAME <b>DEROO, ROBERT F</b>	<input type="checkbox"/> Delete	TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS <b>1340 LEXINGTON AVENUE</b>	CITY-ST-ZIP <b>ROCHESTER NY 14606</b>		TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE <b>D</b>	NAME <b>BELL, ROBERT E</b>	<input type="checkbox"/> Delete	TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS <b>1340 LEXINGTON AVENUE</b>	CITY-ST-ZIP <b>ROCHESTER NY 14606</b>		TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE <b>VP</b>	NAME <b>DIMMICK, MICHAEL T.</b>	<input type="checkbox"/> Delete	TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS <b>13104 WEATHERED OAK CT</b>	CITY-ST-ZIP <b>HERNDON VA</b>		TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS <b>HERNDON VA</b>	CITY-ST-ZIP		TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Robert F. DeRoo Robert F. DeRoo 01-09-01 6716277-1000  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)

Attachment Sheet  
#F93000003178

BELL D0006516

**Officers Information Sheet**  
**Bell Constructors Inc.**

<u>Name &amp; Address</u>	<u>Office</u>	
Joseph M. Bell 2710 Ridgeway Avenue Rochester, NY 14626 SS# 067-34-1809	Chairman	Director
James J. Bell 45 Manitou Beach Road Rochester, NY 14468 SS# 055-36-4736	CEO President	Director
Thomas F. Bell 4935 West Lake Road Geneseo, NY 14454 SS# 108-30-9693	Vice President Secretary	Director
Robert E. Bell 125 Humphrey Road Scottsville, NY 14546 SS#105-32-3143	Vice President	Director
Robert F. DeRoo 1242 Stafford Crescent Webster, NY 14580 SS# 052-44-4607	Vice President CFO	Director
G. William Bardin 2203 Redman Road Brockport, NY 14580 SS# 080-46-5255	Vice President	
John J. Cleere 137 E. William Street Waterloo, NY 13165 SS# 056-36-9325	Vice President	
Michael T. Dimmick 13105 Weathered Oak Ct. Herndon, VA 22071 SS# 116-38-9105	Vice President	
Alexander R. Viola 163 Kiniry Drive Rochester, NY 14609 SS# 067-30-3622	Vice President	
Michael J. Benuis 7199 Hertford Shire Victor, NY 14564 SS# 067-50-0099	Vice President	
Michael F. Cucinotta 39 Otis Street Batavia, NY 14020 SS# 069-62-8765	Treasurer	