

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 26, 2001 8:00 am
Secretary of State

01-26-2001 90139 017 ***150.00

DOCUMENT # F99000006431

1. Entity Name
CARLISLE SYNTEC INCORPORATED

Principal Place of Business 250 SOUTH CLINTON STREET, SUITE 201 SYRACUSE NY 13202	Mailing Address 250 SOUTH CLINTON STREET, SUITE 201 SYRACUSE NY 13202
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UUUU8734



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number 16-1449809	Applied For
	Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**CORPORATION SERVICE COMPANY
 1201 HAYS STREET
 TALLAHASSEE FL 32301-2525**

Name
Street Address (P.O. Box Number is Not Acceptable)
City
State FL 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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	<input type="checkbox"/> Delete
NAME	ALTMAYER, JOHN W	
STREET ADDRESS	250 SOUTH CLINTON STREET, SUITE 201	
CITY-ST-ZIP	SYRACUSE NY 13202	
TITLE	VD	<input type="checkbox"/> Delete
NAME	HALL, DENNIS J	
STREET ADDRESS	250 SOUTH CLINTON STREET, SUITE 201	
CITY-ST-ZIP	SYRACUSE NY 13202	
TITLE	SD	<input type="checkbox"/> Delete
NAME	FORD, STEVEN J	
STREET ADDRESS	250 SOUTH CLINTON STREET, SUITE 201	
CITY-ST-ZIP	SYRACUSE NY 13202	
TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	BARSANTI, JOHN S	
STREET ADDRESS	250 SOUTH CLINTON STREET, SUITE 201	
CITY-ST-ZIP	SYRACUSE NY 13202	
TITLE	CD	<input type="checkbox"/> Delete
NAME	MUNN, STEPHEN P	
STREET ADDRESS	250 SOUTH CLINTON STREET, SUITE 201	
CITY-ST-ZIP	SYRACUSE NY 13202	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	VTD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HALL, DENNIS J.	
STREET ADDRESS	250 SOUTH CLINTON STREET, SUITE 201	
CITY-ST-ZIP	SYRACUSE, NY 13202	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: *[Signature]* **STEVEN J. FORD** 1-15-01 315-474-2500
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)