FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

95 MAY -1 PM 3:17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P13368** **(6)**

1. Corporation Name
CA ONE SERVICES, INC.

Principal Place of Business	Mailing Address
438 MAIN STREET BUFFALO, NY, 14202	438 MAIN STREET BUFFALO, NY, 14202

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: **02/25/1987**
3a. Date of Last Report: **05/01/1994**

2. Principal Place of Business — 21
2a. Mailing Address — 26
Suite, Apt. #, etc. — 22 / 27
City & State — 23 / 28
Zip — 24 / 29
Country — 25 / 30

4. FEI Number: **16-1290359** ☐ Applied For ☐ Not Applicable

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

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 S. 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 607.1508, 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 _____ (Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when mail/delivery) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	P	11 TITLE	D	☐ Change ☒ Addition
NAME	LUTHER, JON	12 NAME	RAHUBA, JESSICA	
STREET ADDRESS	438 MAIN STREET	13 STREET ADDRESS	438 MAIN STREET	
CITY ST ZIP	BUFFALO NY 14202	14 CITY ST ZIP	BUFFALO NY 14202	
TITLE	VPT	21 TITLE	S	☐ Change ☒ Addition
NAME	MORAN, CHARLES	22 NAME	TRYBUS, JANICE R.	
STREET ADDRESS	438 MAIN STREET	23 STREET ADDRESS	438 MAIN STREET	
CITY ST ZIP	BUFFALO NY 14202	24 CITY ST ZIP	BUFFALO NY 14202	
TITLE	D	31 TITLE	ASST SECY	☐ Change ☒ Addition
NAME	JACOBS, JEREMY M. JR.	32 NAME	CHAMBERS, DAVID J.G.	
STREET ADDRESS	438 MAIN ST.	33 STREET ADDRESS	438 MAIN STREET	
CITY ST ZIP	BUFFALO NY 14202	34 CITY ST ZIP	BUFFALO NY 14202	
TITLE	VPO	41 TITLE		☐ Change ☐ Addition
NAME	RAUCH, MICHAEL	42 NAME		
STREET ADDRESS	438 MAIN STREET	43 STREET ADDRESS		
CITY ST ZIP	BUFFALO NY 14202	44 CITY ST ZIP		
TITLE	VPP	51 TITLE		☐ Change ☐ Addition
NAME	DANIELS, NORMAN	52 NAME		
STREET ADDRESS	438 MAIN STREET	53 STREET ADDRESS		
CITY ST ZIP	BUFFALO NY 14202	54 CITY ST ZIP		
TITLE	D	61 TITLE		☐ Change ☐ Addition
NAME	KELLER, BRYAN	62 NAME		
STREET ADDRESS	438 MAIN ST	63 STREET ADDRESS		
CITY ST ZIP	BUFFALO NY	64 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 119.07(3)(i), 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: _____ VICE PRESIDENT 4/28/95 (716) 858-5000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone Number

0001891 CP