

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P13368 (6)

1. Corporation Name

CA ONE SERVICES, INC.



Principal Place of Business

438 MAIN STREET
BUFFALO, NY. 14202

Mailing Address

438 MAIN STREET
BUFFALO, NY. 14202

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

24

Country

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

29

Country

30

3. Date Incorporated or Qualified

02/25/1987

3a. Date of Last Report

05/01/1995

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 reinstating)

DATE

12. OFFICERS AND DIRECTORS

☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

P
LUTHER, JON
438 MAIN STREET
BUFFALO NY 14202

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

VPT
MORAN, CHARLES
438 MAIN STREET
BUFFALO NY 14202

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

D
JACOBS, JEREMY M. JR.
438 MAIN ST.
BUFFALO NY 14202

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

VPO
RAUCH, MICHAEL
438 MAIN STREET
BUFFALO NY 14202

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

VPP
DANIELS, NORMAN
438 MAIN STREET
BUFFALO NY 14202

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

D
KELLER, BRYAN
438 MAIN ST
BUFFALO NY

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☒ Addition

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

D
RAHUBA, JESSICA
438 MAIN ST
BUFFALO, NY 14202

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

VPOPERATIONS
MORAN, CHARLES E.
438 MAIN ST
BUFFALO, NY 14202

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

D
JACOBS, LOUIS M
438 MAIN ST
BUFFALO, NY 14202

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

S
TRYBUS, JANICE R.
438 MAIN ST
BUFFALO, NY 14202

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

VPT
LIBERTO, NICHOLAS
438 MAIN ST
BUFFALO, NY 14202

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

ASSTSECY
CHAMBERS, DAVID J.G.
438 MAIN ST
BUFFALO, NY 14202

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)(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:

NORMAN W. DANIELS, VP

4/8/96

(716) 858-5000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (12/95)