2002 UNIFORM BUSINESS REPORT (UBR)

May 15, 2002 8:00 am Secretary of State P13368 DOCUMENT # 1. Entity Name 05-15-2002 90111 046 ***150.00 CA ONE SERVICES, INC. Principal Place of Business Mailing Address 40 FOUNTAIN PLAZA 40 FOUNTAIN PLAZA **BUFFALO NY 14202 BUFFALO NY 14202** 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 16-1290359 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired \Box Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent CT CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable) 1200 S. PINE ISLAND ROAD PLANTATION FL 33324 City Zip Code FL 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 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 FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete TITLE ☐ Addition ☐ Change NAME MORAN, CHARLES E NAME STREET ADDRESS **40 FOUNTAIN PLAZA** STREET ADDRESS CITY-ST-ZIP **BUFFALO NY 14202** CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME LIBERTO, NICHOLAS D NAME STREET ADDRESS 40 FOUNTAIN PLAZA STREET ADDRESS CITY-ST-ZIP **BUFFALO NY 14202** CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME JACOBS, LOUIS NAME STREET ADDRESS **40 FOUNTAIN PLAZA** STREET ADDRESS CITY-ST-ZIP **BUFFALO NY** CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME TRYBUS, JANICE R. NAME **40 FOUNTAIN PLAZA** STREET ADDRESS STREET ADDRESS CITY-ST-ZIP **BUFFALO NY** CITY-ST-7IP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME RAHUBA, JESSICA NAME STREET ADDRESS **40 FOUNTAIN PLAZA** STREET ADDRESS CITY-ST-ZIP **BUFFALO NY 14202** CITY-ST-ZIP TITLE ☐ Delete ☐ Change ☐ Addition KELLER, BRYAN NAME **40 FOUNTAIN PLAZA** STREET ADDRESS STREET ADDRESS

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: Charles E. Moran, Jr. SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OF DIRECT

CITY-ST-ZIP

CITY-ST-ZIP

BUFFALO NY

<u>(716) 858-500</u>0

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