

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Mar 27, 2001 8:00 am**
Secretary of State

03-27-2001 90040 045 ***150.00

DOCUMENT # F99000005273

1. Entity Name

SHAKER COMPUTER AND MANAGEMENT SERVICES, INC.

Principal Place of Business

**6 AIRPORT PARK BOULEVARD
LATHAM NY 12110**

Mailing Address

**6 AIRPORT PARK BOULEVARD
LATHAM NY 12110**

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number **14-1583023**

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

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

Signature, typed or printed name of registered agent and title if applicable.

(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) ☐**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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PCD
WERNER, RICHARD
1548 LEXINGTON PARKWAY
SCHENECTADY NY 12309** ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**SD
DIEDRICH, AL
628 SALVIA LANE
SCHENECTADY NY 12303** ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**T
WERNER, EUNICE
1548 LEXINGTON PARKWAY
SCHENECTADY NY 12309** ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**V
LASSONDE, MAYNARD
6179 GARDNER ROAD
ALTAMONT NY 12009** ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
BALLANTINE, JIM
21 FREAR AVENUE
TROY NY 12180** ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)

3-23-01 5182427200