

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 22, 2002 8:00 am
Secretary of State

04-22-2002 90298 029 ***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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

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

7. Name and Address of New Registered Agent

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

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, 2002 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 ☐ Delete
 NAME **PCD**
 STREET ADDRESS **WERNER, RICHARD**
 CITY-ST-ZIP **1548 LEXINGTON PARKWAY**
SCHENECTADY NY 12309

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME **SD**
 STREET ADDRESS **DIEDRICH, AL**
 CITY-ST-ZIP **628 SALVIA LANE**
SCHENECTADY NY 12303

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☒ Delete
 NAME **T**
 STREET ADDRESS **WERNER, EUNICE**
 CITY-ST-ZIP **1548 LEXINGTON PARKWAY**
SCHENECTADY NY 12309

TITLE ☒ Change ☒ Addition
 NAME **Treasurer**
 STREET ADDRESS **McGowan, Patrick**
 CITY-ST-ZIP **669 Stark Terrace**
Ballston Spa, N.Y. 12020

TITLE ☐ Delete
 NAME **V**
 STREET ADDRESS **LASSONDE, MAYNARD**
 CITY-ST-ZIP **6179 GARDNER ROAD**
ALTAMONT NY 12009

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME **D**
 STREET ADDRESS **BALLANTINE, JIM**
 CITY-ST-ZIP **21 FREAR AVENUE**
TROY NY 12180

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

Patrick McGowan **REC Patrick McGowan**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/11/02
 Date

(518) 342-7200
 Daytime Phone #

CR2E034 (9/01)