

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 19, 2005 8:00 am
Secretary of State

04-19-2005 90386 002 ***150.00

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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

1st MOORE

CR2E034 (10/04)

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

Name

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

City

FL

Zip Code

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

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2005 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	CD	<input type="checkbox"/> Delete
NAME	WERNER, RICHARD	
STREET ADDRESS	1535 LEXINGTON PKWY	
CITY-ST-ZIP	SCHENECTADY NY 12309	
TITLE	PD	<input type="checkbox"/> Delete
NAME	LASSONDE, MAYNARD	
STREET ADDRESS	6179 GARDNER ROAD	
CITY-ST-ZIP	ALTAMONT NY 12009	
TITLE	T	<input type="checkbox"/> Delete
NAME	MCGOWAN, PATRICK	
STREET ADDRESS	669 STARK TERRACE	
CITY-ST-ZIP	BALLSTON SPA NY 12020	
TITLE	D	<input type="checkbox"/> Delete
NAME	BALLANTINE, JAMES D	
STREET ADDRESS	21 FREAR AVENUE	
CITY-ST-ZIP	TROY NY 12180	
TITLE	SD	<input type="checkbox"/> Delete
NAME	DIEDRICH, ALAN	
STREET ADDRESS	620 SALVIA LANE	
CITY-ST-ZIP	SCHENECTADY NY 12303	
TITLE	D	<input type="checkbox"/> Delete
NAME	CURRO, STEPHEN	
STREET ADDRESS	935 RIVERVIEW RD	
CITY-ST-ZIP	NISKAYUNA NY 12309	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Peyron, Daniel	
STREET ADDRESS	7 Wing Rd.	
CITY-ST-ZIP	Rexford, NY 12148	
TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Catherine R. Terwilliger	
STREET ADDRESS	150 Maple Ave.	
CITY-ST-ZIP	Glenville, NY 12302	
TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Hartman, Richard A. Jr.	
STREET ADDRESS	97 Heffner Road	
CITY-ST-ZIP	Wernersville, PA 19565	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE

Patrick McGowan CFO

4/7/05

518-242-7200

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #