FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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DOCUMENT # F99000005273

1. Entity Name
SHAKER COMPUTER AND MANAGEMENT SERVICES, INC.

DO NOT WRITE IN THIS SPACE

03/21/03 90076 042 150

2. Principal Place of Business	3. Mailing Address
6 AIRPORT PARK BLVD	6 AIRPORT PARK BLVD
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: LATHAM, NY	City & State: LATHAM, NY
Zip: 12110 Country: USA	Zip: 12110 Country: USA

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

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: CT Corporation

Street Address (P.O. Box Number is Not Acceptable): 1200 South Pine Island Road

City: Plantation FL Zip Code: 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 _____ DATE _____
Signature, typed or printed of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

January 1 - May 1 Fee is $150.00
After May 1 - Fee is $550.00
Amended UBR is $61.25
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 PRESIDENT NAME WERNER, RICHARD STREET ADDRESS 1535 LEXINGTON PKWY CITY-ST-ZIP SCHENECTADY, NY 12309	TITLE NAME STREET ADDRESS CITY-ST-ZIP 03-21-2003
TITLE VICE PRESIDENT NAME LASSONDE, MAYNARD STREET ADDRESS 6179 GARDNER ROAD CITY-ST-ZIP ALTAMONT, NY 12009	TITLE NAME STREET ADDRESS CITY-ST-ZIP 90076 042 $150.00
TITLE TREASURER NAME MCGOWAN, PATRICK STREET ADDRESS 669 STARK TERRACE CITY-ST-ZIP BALLSTON SPA, NY 12020	TITLE NAME STREET ADDRESS CITY-ST-ZIP DO NOT WRITE
TITLE PRINCIPAL NAME BALLANTINE, JAMES D STREET ADDRESS 21 FREAR AVENUE CITY-ST-ZIP TROY, NY 12180	TITLE NAME STREET ADDRESS CITY-ST-ZIP IN THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE 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 on an attachment with an address, and all other like empowered.

SIGNATURE: Richard L. Werner 3.17.03 518 2427200
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

03-21-2003 90076 042 $150.00