

**2024 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F08000003398

**Entity Name:** C&S OPERATIONS, INC.

**Current Principal Place of Business:**

499 COL EILEEN COLLINS BLVD  
SYRACUSE, NY 13212

**Current Mailing Address:**

499 COL EILEEN COLLINS BLVD  
SYRACUSE, NY 13212 US

**FEI Number:** 16-1528615

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

REGISTERED AGENTS INC.  
7901 4TH ST N  
STE 300  
ST PETERSBURG, FL 33702 US

*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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title VP  
Name QUINN, ERIC L  
Address 499 COL EILEEN COLLINS BLVD  
City-State-Zip: SYRACUSE NY 13212

Title SECRETARY  
Name SMITH, JENNIFER  
Address 499 COL EILEEN COLLINS BLVD  
City-State-Zip: SYRACUSE NY 13212

Title TREASURER  
Name TUTHILL, RANDY P  
Address 499 COL EILEEN COLLINS BLVD  
City-State-Zip: SYRACUSE NY 13212

Title PRESIDENT  
Name CAMP,JOHNT  
Address 499 COL EILEEN COLLINS BLVD  
City-State-Zip: SYRACUSE NY 13212

Title DIRECTOR  
Name ANDERSEN, TIMOTHY R  
Address 499 COL EILEEN COLLINS BLVD  
City-State-Zip: SYRACUSE NY 13212

Title DIRECTOR  
Name CERRO, NICHOLAS R  
Address 499 COL EILEEN COLLINS BLVD  
City-State-Zip: SYRACUSE NY 13212

Title DIRECTOR  
Name FUSCO, BENJAMIN J  
Address 499 COL EILEEN COLLINS BLVD  
City-State-Zip: SYRACUSE NY 13212

Title DIRECTOR  
Name LEFKUS, JUSTIN M.  
Address 499 COL EILEEN COLLINS BLVD  
City-State-Zip: SYRACUSE NY 13212

**Continues on page 2**

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE:** RANDY P TUTHILL

**TREASURER**

**02/28/2024**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date

**Officer/Director Detail Continued :**

Title DIRECTOR  
Name VAN WIE, NATHAN M.  
Address 499 COL EILEEN COLLINS BLVD  
City-State-Zip: SYRACUSE NY 13212

Title DIRECTOR  
Name THOMAS, TIIMOTHY F SR.  
Address 499 COL EILEEN COLLINS BLVD  
City-State-Zip: SYRACUSE NY 13212

Title DIRECTOR  
Name SWEETLAND, DANIEL  
Address 499 COL EILEEN COLLINS BLVD  
City-State-Zip: SYRACUSE NY 13212