

**2018 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F08000003398

**FILED**  
**Apr 13, 2018**  
**Secretary of State**  
**CC2886863258**

**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

**FEI Number:** 16-1528615

**Certificate of Status Desired:** Yes

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

COGENCY GLOBAL INC.  
115 NORTH CALHOUN ST.  
SUITE 4  
TALLAHASSEE, FL 32301 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 ASST. SECRETARY  
Name LABERGE, ELLEN T.  
Address 499 COL. EILEEN COLLINS BLVD.  
City-State-Zip: SYRACUSE NY 13212

Title ASST. TREASURER  
Name WALKER, MICHAEL J.  
Address 499 COL. EILEEN COLLINS BLVD.  
City-State-Zip: SYRACUSE NY 13212

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

Title DIRECTOR  
Name TRIMBLE, JOHN D.  
Address 499 COL. EILEEN COLLINS BLVD.  
City-State-Zip: SYRACUSE NY 13212

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

Title PRESIDENT  
Name TRIMBLE, JOHN D  
Address 499 COL. EILEEN COLLINS BLVD.  
City-State-Zip: SYRACUSE NY 13212

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

Title DIRECTOR  
Name QUINN, ERIC L.  
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:** JOHN D. TRIMBLE

**PRESIDENT**

**04/13/2018**

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

\_\_\_\_\_  
Date

**Officer/Director Detail Continued :**

Title DIRECTOR  
Name RYAN, JOSEPH E.  
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 SECRETARY  
Name SMITH, JENNIFER T.  
Address 499 COL. EILEEN COLLINS BLVD.  
City-State-Zip: SYRACUSE NY 13212