

2022 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

FEI Number: 16-1528615

Certificate of Status Desired: No

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

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 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

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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

04/11/2022

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