

**2013 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:** Yes

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

NATIONAL CORPORATE RESEARCH, LTD., INC  
1550 OFFICE PLAZA DRIVE  
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 DP  
Name PECKHAM, RONALD L.  
Address 499 COL. EILEEN COLLINS BLVD.  
City-State-Zip: SYRACUSE NY 13212

Title DIRECTOR  
Name CLEGG, MAUREEN K  
Address 499 COL. EILEEN COLLINS BLVD.  
City-State-Zip: SYRACUSE NY 13212

Title S  
Name LABERGE, ELLEN T.  
Address 499 COL. EILEEN COLLINS BLVD.  
City-State-Zip: SYRACUSE NY 13212

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

Title VP  
Name CLONAN, RICHARD S.  
Address 150 STATE STREET, SUITE 120  
City-State-Zip: ROCHESTER NY 14614

Title D  
Name DUCLOS, ROBERT N.  
Address 499 COL. EILEEN COLLINS BLVD.  
City-State-Zip: SYRACUSE NY 13212

Title DIRECTOR  
Name HOTALING, MICHAEL D  
Address 2020 CAMINO DEL RIO N., SUITE 1000  
City-State-Zip: SAN DIEGO CA 92108

Title DIRECTOR  
Name MACMURRAY, ORRIN B.  
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:** MICHAEL J. WALKER

**TREASURER**

**04/08/2013**

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

\_\_\_\_\_  
Date

**Officer/Director Detail Continued :**

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