

**2016 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.  
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 DIRECTOR  
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 D  
Name DUCLOS, ROBERT N.  
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  
Name OLCOTT, JAMES 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:** JOHN D. TRIMBLE

**PRESIDENT**

**04/14/2016**

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

\_\_\_\_\_  
Date

**Officer/Director Detail Continued :**

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