

**2023 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F08000003398

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

**Current Principal Place of Business:**

499 COL. EILEEN COLLINS BLVD.  
ATTN: LEGAL DEPT.  
SYRACUSE, NY 13212

**Current Mailing Address:**

499 COL. EILEEN COLLINS BLVD.  
ATTN: LEGAL DEPT.  
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            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

**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 TUTHILL

**TREASURER**

04/21/2023

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

Title DIRECTOR  
Name THOMAS SR., TIIMOTHY F  
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

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