

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 09, 2004 08:00 AM
Secretary of State

DOCUMENT # F01000003249

1. Entity Name
CRS RETAIL SYSTEMS, INC.



Principal Place of Business
**15 GOVERNOR DRIVE
NEWBURGH, NY 12550**

Mailing Address
**15 GOVERNOR DRIVE
NEWBURGH, NY 12550**

DO NOT WRITE IN THIS SPACE



02032004 No Chg-P CR2E034 (10/03)

4. FEI Number
14-1624962

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324**

**DO NOT WRITE
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**000000040383
02/09/04-80045-014 150.00**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
FROMMER, KATHY
15 GOVERNOR DRIVE
NEWBURGH, NY 12550**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**S
KENNEDY, MARIANNA
15 GOVERNOR DRIVE
NEWBURGH, NY 12550**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**V
SWANWICK, KEVIN
15 GOVERNOR DRIVE
NEWBURGH, NY 12550**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**T
MOCCIO, ANTHONY
15 GOVERNOR DRIVE
NEWBURGH, NY 12550**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**P
SOLADAY, ED
15 GOVERNOR DRIVE
NEWBURGH, NY 12550**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
BARND, THOMAS
15 GOVERNOR DRIVE
NEWBURGH, NY 12550**

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Anthony Moccio
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Anthony Moccio

02/03/04 845-567-1234

Date

Daytime Phone #