


**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 21, 2004 8:00 am**  
**Secretary of State**

01-21-2004 90009 024 \*\*\*150.00

<b>DOCUMENT # F01000004197</b> 1. Entity Name CAPITAL MANAGEMENT SERVICES, INC (NY)	
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Principal Place of Business 726 EXCHANGE STREET SUITE 700 BUFFALO, NY 14210	Mailing Address 726 EXCHANGE STREET SUITE 700 BUFFALO, NY 14210
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01052004 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 22-3760651	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent  C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324	<b>DO NOT WRITE IN THIS SPACE</b>
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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2004 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV President / Director ABADIR, DAN 726 EXCHANGE STREET, SUITE 700 BUFFALO, NY 14210
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD CEO / Director HAUSER, JEFFREY 726 EXCHANGE STREET, SUITE 700 BUFFALO, NY 14210
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S KRASKA, KAREN 726 EXCHANGE STREET, SUITE 700 BUFFALO, NY 14210
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T KRASKA, KAREN 726 EXCHANGE STREET, SUITE 700 BUFFALO, NY 14210
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Chairman of the Board / Director Hunziker Jr., Paul R. 726 Exchange Street, Suite 700 Buffalo, NY 14210
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**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:** Jeffrey Hauser   
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date 01/05/03 (716) 871-9050  
Daytime Phone #