


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 06, 2005 8:00 am**  
**Secretary of State**

01-06-2005 90003 004 \*\*\*150.00

|   |   |  |  |   |   |
|---|---|--|--|---|---|
| <b>DOCUMENT # F01000004197</b><br>1. Entity Name<br><b>CAPITAL MANAGEMENT SERVICES, INC (NY)</b>  |   |  |  |                                      |   |
| Principal Place of Business<br><b>726 EXCHANGE STREET<br/>SUITE 700<br/>BUFFALO, NY 14210</b>   |   |  | Mailing Address<br><b>726 EXCHANGE STREET<br/>SUITE 700<br/>BUFFALO, NY 14210</b>                                      |   |   |
| 2. Principal Place of Business<br><br>Suite, Apt. #, etc.   |   |  | 3. Mailing Address<br><br>Suite, Apt. #, etc.  |   |   |
| City & State  |   |  | City & State   |   |   |
| Zip   |   | Country  |  | Zip   |   |
| 6. Name and Address of Current Registered Agent<br><br><b>C T CORPORATION SYSTEM<br/>1200 SOUTH PINE ISLAND ROAD<br/>PLANTATION, FL 33324</b>   |   |  |  | 7. Name and Address of New Registered Agent<br><br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City |   |
| 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.   |   |  |  | Applied For<br><input type="checkbox"/> Not Applicable  |   |
| SIGNATURE _____<br><small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>   |   |  |  | DATE _____  |   |
| <b>FILE NOW!!! FEE IS \$150.00<br/>After May 1, 2005 Fee will be \$550.00</b>   |   |  | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees |   |   |
| <b>10. OFFICERS AND DIRECTORS</b>   |   |  | <b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>   |   |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | DVP<br>ABADIR, DAN<br>726 EXCHANGE STREET, SUITE 700<br>BUFFALO, NY 14210       | <input type="checkbox"/> Delete  |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | P / D<br>Abadir, Dan<br>726 Exchange Street, Suite 700<br>Buffalo, NY 14210 |
| <input type="checkbox"/> Change <input type="checkbox"/> Addition   |   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |  |   |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | CEO<br>HAUSER, JEFFREY<br>726 EXCHANGE STREET, SUITE 700<br>BUFFALO, NY 14210   | <input type="checkbox"/> Delete  |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | S/D<br>Kraska, Karen<br>726 Exchange Street, Suite 700<br>Buffalo, NY 14210 |
| <input type="checkbox"/> Change <input type="checkbox"/> Addition   |   | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |  |   |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | S<br>KRASKA, KAREN<br>726 EXCHANGE STREET, SUITE 700<br>BUFFALO, NY 14210       | <input type="checkbox"/> Delete  |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | T/D<br>Kraska, Karen<br>726 Exchange Street, Suite 700<br>Buffalo, NY 14210 |
| <input type="checkbox"/> Change <input type="checkbox"/> Addition   |   | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |  |   |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | COBO<br>HUNZIKER, PAUL R<br>726 EXCHANGE STREET, SUITE 700<br>BUFFALO, NY 14210 | <input type="checkbox"/> Delete  |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | Buffalo, NY 14210   |
| <input type="checkbox"/> Change <input type="checkbox"/> Addition   |   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |  |   |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | _____<br><input type="checkbox"/> Delete  | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | _____<br><input type="checkbox"/> Change <input type="checkbox"/> Addition  |
| 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. |   |  |  |   |   |
| <b>SIGNATURE:</b> _____<br><small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>  |   |  | Jeffrey Hauser<br>1/4/2005 716/566-2614<br><small>Date Daytime Phone #</small>   |   |   |