

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

Jan 10, 2006 08:00 AM  
Secretary of State

DOCUMENT # F01000004197

1. Entity Name  
CAPITAL MANAGEMENT SERVICES, INC (NY)



Principal Place of Business  
726 EXCHANGE STREET  
SUITE 700  
BUFFALO, NY 14210

Mailing Address  
726 EXCHANGE STREET  
SUITE 700  
BUFFALO, NY 14210



01052006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number  
22-3760651  
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, 2006 Fee will be \$550.00

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PD  
NAME ABADIR, DAN  
STREET ADDRESS 726 EXCHANGE STREET, SUITE 700  
CITY-ST-ZIP BUFFALO, NY 14210

TITLE CEO  
NAME HAUSER, JEFFREY  
STREET ADDRESS 726 EXCHANGE STREET, SUITE 700  
CITY-ST-ZIP BUFFALO, NY 14210

TITLE SD  
NAME KRASKA, KAREN  
STREET ADDRESS 726 EXCHANGE STREET, SUITE 700  
CITY-ST-ZIP BUFFALO, NY 14210

TITLE TD  
NAME KRASKA, KAREN  
STREET ADDRESS 726 EXCHANGE STREET, SUITE 700  
CITY-ST-ZIP BUFFALO, NY 14210

TITLE COBD  
NAME HUNZIKER, PAUL R  
STREET ADDRESS 726 EXCHANGE STREET, SUITE 700  
CITY-ST-ZIP BUFFALO, NY 14210

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

1100000381238  
01/11/06-80045-017 158.75

DO NOT WRITE  
IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/6/06

716-566-2617