

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F04000007318

FILED  
Aug 08, 2006  
Secretary of State

Entity Name: ESC BUSINESS SOLUTIONS, INC.

**Current Principal Place of Business:**

20 PINEVIEW DRIVE  
AMHERST, NY 14228

**New Principal Place of Business:**

**Current Mailing Address:**

20 PINEVIEW DRIVE  
AMHERST, NY 14228

**New Mailing Address:**

FEI Number: 16-1599422      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

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

**Name and Address of New Registered Agent:**

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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: HAWKINS, JOHN D  
Address: 20 PINEVIEW DRIVE  
City-St-Zip: AMHERST, NY 14228

Title: VP ( ) Delete  
Name: BAUER, GREGORY M  
Address: 20 PINEVIEW DRIVE  
City-St-Zip: AMHERST, NY 14228

Title: S ( ) Delete  
Name: HAWKINS, ELIZABETH A  
Address: 20 PINEVIEW DRIVE  
City-St-Zip: AMHERST, NY 14228

Title: T ( ) Delete  
Name: BAUER, JOANNE M  
Address: 20 PINEVIEW DRIVE  
City-St-Zip: AMHERST, NY 14228

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: GREGORY BAUER

VP

08/08/2006

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date