


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 04, 2008 8:00 am
Secretary of State

02-04-2008 90046 004 ***150.00

DOCUMENT # F05000001903		
1. Entity Name CUSTOMIZED LENDER'S SERVICES, INC.		

Principal Place of Business 16 WEST MAIN STREET, SUITE 430 ROCHESTER, NY 14614	Mailing Address 16 WEST MAIN STREET, SUITE 430 ROCHESTER, NY 14614
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2. Principal Place of Business - No P.O. Box # 1225 Jefferson Road Suite, Apt. #, etc. Suite B01 City & State Rochester NY Zip 14623 Country USA	3. Mailing Address 1225 Jefferson Road Suite, Apt. #, etc. Suite B01 City & State Rochester NY Zip 14623 Country USA
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40017173



01292008 Chg-P CR2E034 (12/06)

4. FEI Number 20-1916790	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C GARVEY, MARK D 16 WEST MAIN STREET, SUITE 430 ROCHESTER, NY 14614 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	C Garvey, Mark D. 16 West Main Street, Suite 500 Rochester, NY 14614 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP WARD, LAURA 16 WEST MAIN STREET, SUITE 430 ROCHESTER, NY 14614 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP Ward, Laura R. 1225 Jefferson Road, Suite B01 Rochester, NY 14623 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D COOPER, STUART B 16 WEST MAIN STREET, SUITE 430 ROCHESTER, NY 14614 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Cooper, Stuart B. 16 West Main Street, Suite 500 Rochester, NY 14614 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V GUTMANN, DAVID J 16 WEST MAIN STREET, SUITE 430 ROCHESTER, NY 14614 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP Gutmann, David J 1225 Jefferson Road, Suite B01 Rochester, NY 14623 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S WILSEY, KARLA D 16 WEST MAIN STREET, SUITE 430 ROCHESTER, NY 14614 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S Wilsey, Karla D. 16 West Main Street, Suite 500 Rochester, NY 14614 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T ADAMO, PATRICK 633 THIRD AVENUE NEW YORK, NY 10017 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director Bratt, William H. 16 West Main Street, Suite 500 Rochester, NY 14614 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

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: David J. Gutmann 1/30/08 585-399-8200
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #