

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F05000002670

FILED
Jan 31, 2007
Secretary of State

Entity Name: CUSTOMER OPERATIONS PERFORMANCE CENTER INC.

Current Principal Place of Business:

500 CORPORATE PARKWAY, SUITE 108
AMHERST, NY 14226

New Principal Place of Business:

6400 SHERIDAN DRIVE
112
WILLIAMSVILLE, NY 14221

Current Mailing Address:

500 CORPORATE PARKWAY, SUITE 108
AMHERST, NY 14226

New Mailing Address:

6400 SHERIDAN DRIVE
112
WILLIAMSVILLE, NY 14221

FEI Number: 16-1498305

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 323012525 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PTD () Delete
Name: BLOOM, PETER L
Address: 500 CORPORATE PARKWAY, SUITE 108
City-St-Zip: AMHERST, NY 14226

Title: CD () Delete
Name: MOORE, CLIFFORD D III
Address: 500 CORPORATE PARKWAY, SUITE 108
City-St-Zip: AMHERST, NY 14226

Title: S () Delete
Name: COLLS, DENISE
Address: 500 CORPORATE PARKWAY, SUITE 108
City-St-Zip: AMHERST, NY 14226

Title: D () Delete
Name: MARTIN, ALTON F JR.
Address: 500 CORPORATE PARKWAY, SUITE 108
City-St-Zip: AMHERST, NY 14226

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PTD (X) Change () Addition
Name: BLOOM, PETER L
Address: 6400 SHERIDAN DRIVE
City-St-Zip: WILLIAMSVILLE, NY 14221

Title: CD (X) Change () Addition
Name: MOORE, CLIFFORD D III
Address: 6400 SHERIDAN DRIVE
City-St-Zip: WILLIAMSVILLE, NY 14221

Title: S (X) Change () Addition
Name: COLLS, DENISE
Address: 6400 SHERIDAN DRIVE
City-St-Zip: WILLIAMSVILLE, NY 14221

Title: D (X) Change () Addition
Name: MARTIN, ALTON F JR.
Address: 6400 SHERIDAN DRIVE
City-St-Zip: WILLIAMSVILLE, NY 14221

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: PETER L. BLOOM

PTD

01/31/2007

Electronic Signature of Signing Officer or Director

Date