CORPORATION ANNUAL REPORT 1995

FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

1. Corporation Name

CIS Management Services Corporation

DOCUMENT # F93000002038

Mailing Address | Principal Place of Business

One Northern Concourse
P.O. Box 4785
Syracuse, New York 13221-4785

400001445494
-04/03/95--01006--014
****200.00 ****200.00
DO NOT WRITE IN THIS SPACE

If above addresses are incorrect in any way, line through incorrect information and enter correction below

2. Mailing Address	2a. Principal Place of Business
21 One Northern Concourse	26 One Northern Concourse
Suite, Apt. #, etc 22 P.O. Box 4785	Suite, Apt. #, etc. 27 P.O. Box 4785
City & State 23 Syracuse, NY	City & State 28 Syracuse, NY
Zip 24 13221-4785 Country 25 USA	Zip 29 13221-4785 Country 30 USA

3. Date Incorporated or Qualified: 5/23/83
3a. Date of Last Report:
4. FEI Number: 04-2794251 — Applied For / Not Applicable
5. Certificate of Status Desired: ~~$8.75 Additional Fee Required~~ ☐
6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees
7. Nonprofit Exempt from $138.75 Supplemental Fee ☐
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

FRED W. MATTLIN
2300 GLADES ROAD
SUITE 400 EAST TOWER
BOCA RATON, FL 33431

10. Name and Address of New Registered Agent

81 Name: THE PRENTICE-HALL CORPORATION SYSTEM, INC.
82 Street Address (P.O. Box Number is Not Acceptable): 1201 HAYS STREET
83 SUITE 105
84 City: TALLAHASSEE, FL 85 Zip Code 32301

11. Pursuant to the provisions of Sections 607.0502 and 607.1508 or Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505 or 617.0503 Florida Statutes.

SIGNATURE [signature] DATE 3/24/95
Signature of New Registered Agent

12. OFFICERS AND DIRECTORS		13. CHANGES TO OFFICERS AND DIRECTORS IN 12	
1 1 TITLE	D	1 1 TITLE	
1 2 NAME	Richard B. Lasken	1 2 NAME	
1 3 STREET ADDRESS	One Northern Concourse	1 3 STREET ADDRESS	
1 4 CITY-ST-ZIP	Syracuse, NY 13221-4785	1 4 CITY-ST-ZIP	
2 1 TITLE	P & AS	2 1 TITLE	
2 2 NAME	Arthur P. Beecher	2 2 NAME	
2 3 STREET ADDRESS	One Northern COncourse	2 3 STREET ADDRESS	
2 4 CITY-ST-ZIP	Syracuse, NY 13221-4785	2 4 CITY-ST-ZIP	
3 1 TITLE	VP & C & T	3 1 TITLE	
3 2 NAME	Frank J. Corcoran	3 2 NAME	
3 3 STREET ADDRESS	One Northern Concourse	3 3 STREET ADDRESS	
3 4 CITY-ST-ZIP	Syracuse, NY 13221-4785	3 4 CITY-ST-ZIP	
4 1 TITLE	VP & S	4 1 TITLE	
4 2 NAME	Daniel L. Wieneke	4 2 NAME	
4 3 STREET ADDRESS	One Northern COncourse	4 3 STREET ADDRESS	
4 4 CITY-ST-ZIP	Syracuse, NY 13221-4785	4 4 CITY-ST-ZIP	
5 1 TITLE	VP	5 1 TITLE	
5 2 NAME	Robert W. McNeish	5 2 NAME	
5 3 STREET ADDRESS	One Northern Concourse	5 3 STREET ADDRESS	
5 4 CITY-ST-ZIP	Syracuse, NY 13221-4785	5 4 CITY-ST-ZIP	
6 1 TITLE		6 1 TITLE	
6 2 NAME		6 2 NAME	
6 3 STREET ADDRESS		6 3 STREET ADDRESS	
6 4 CITY-ST-ZIP		6 4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 110.07(3)(k) in the event that the information supplied is deemed exempt from public access. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I have fulfilled all obligations concerning unclaimed property imposed by Chapter 717, Florida Statutes, 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 or Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: [signature] 1/10/95 (315) 455-1900
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State

February 2, 1995

CIS MANAGEMENT SERVICES CORPORATION
ONE NORTHERN CONCOURSE
P.O. BOX 4785
SYRACUSE, NY 13221-4785US

SUBJECT: CIS MANAGEMENT SERVICES CORPORATION
Ref. Number: F93000002038

Please be advised, we have received your Annual Report; however, the document **has not been filed** and is being returned for the following: Tereshia - Please send!

* The new registered agent must sign in block 11. Please sign & forward to State.

After the corrections have been made, return the report to: Division of Corporations, Annual Report Section, P.O. Box 6327, Tallahassee, Florida 32314 within 30 days from the date of this letter.

Thank you -
Amy

If you have additional questions or need further assistance, please call the Annual Report Section at (904) 487-6056.

Thank you,

Marsha Thomas
ANNUAL REPORTS Section

Letter number: 295A00004433