

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 28, 2000 8:00 am
Secretary of State
 02-28-2000 90075 046 ***158.75

DOCUMENT # F96000004326

1. Entity Name

C & S ENGINEERS, INC.

Principal Place of Business

1099 AIRPORT BLVD
 N SYRACUSE NY 13212

Mailing Address

1099 AIRPORT BLVD
 N SYRACUSE NY 13212-3930

2. Principal Place of Business

Syracuse Hancock Int'l. Airport
 Suite, Apt. #, etc.

3. Mailing Address

Syracuse Hancock Int'l. Airport
 Suite, Apt. #, etc.

City & State

Syracuse, New York

Zip
 13212

Country
 U.S.

City & State

Syracuse, New York

Zip
 13212

Country
 U.S.

4. FEI Number

13-5318940

Applied For

Not Applicable

5. Certificate of Status Desired ☒

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

**CORPORATION SERVICE COMPANY
 1201 HAYS STREET
 TALLAHASSEE FL 32301-2525**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
 Tax filing requirement and elects to do so.
 (See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
 Trust Fund Contribution. ☐

\$5.00 May Be
 Added to Fees

11. OFFICERS AND DIRECTORS

TITLE **DC** ☐ Delete
 NAME **CALOCERINOS, EMANUEL J**
 STREET ADDRESS **5000 SADDLEBROOK DR**
 CITY-ST-ZIP **RAVENHILL NY 13066**
5175 Pointe East Dr. Jamesville, NY 13078

TITLE **DP** ☐ Delete
 NAME **MACMURRAY, ORRIN B**
 STREET ADDRESS **8311 DIXON RD**
 CITY-ST-ZIP **CAMDEN NY 13316**

TITLE **DT** ☐ Delete
 NAME **DAUSMAN, DEL B**
 STREET ADDRESS **8232 TURNSTONE DR**
 CITY-ST-ZIP **MANLIUS NY 13104**

TITLE **DVS** ☐ Delete
 NAME **PECKHAM, RONALD L**
 STREET ADDRESS **4018 PAWNEE RD**
 CITY-ST-ZIP **LIVERPOOL NY 13090**

TITLE **D** ☐ Delete
 NAME **DEWEY, LOWELL B**
 STREET ADDRESS **156 PRATT ST**
 CITY-ST-ZIP **E AURORA NY 14052**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition

NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
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TITLE ☐ Change ☐ Addition

NAME
 STREET ADDRESS
 CITY-ST-ZIP

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 11 or Block 12 if changed, or on an attachment with an address, with a power like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/26/00 (P15) 455-2000

CR2E034 (9/99)