


**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 16, 2004 8:00 am**  
**Secretary of State**

04-16-2004 90062 002 \*\*\*150.00

**DOCUMENT # F96000004326**

1. Entity Name  
**C & S ENGINEERS, INC.**



Principal Place of Business      Mailing Address  
**SYRACUSE HANCOCK INT'L AIRPORT**      **SYRACUSE HANCOCK INT'L AIRPORT**  
**SYRACUSE, NY 13212**      **SYRACUSE, NY 13212**

**94053849**

2. Principal Place of Business      3. Mailing Address  
**499 Col. Eileen Collins Blvd.**      **499 Col. Eileen Collins Blvd.**  
 Suite, Apt. #, etc.      Suite, Apt. #, etc.



City & State      City & State  
**Syracuse, NY**      **Syracuse, NY**

Zip      Country      Zip      Country  
**13212**      **USA**      **13212**      **USA**

4. FEI Number      Applied For  
**13-5318940**      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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating)      DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.            **\$5.00** May Be Added to Fees

**10. OFFICERS AND DIRECTORS**

|                |                        |  |
|----------------|------------------------|--|
| TITLE          | DC                     | <input checked="" type="checkbox"/> Delete |
| NAME           | CALOCERINOS, EMANUEL J |  |
| STREET ADDRESS | 5175 POINTE EAST DR    |  |
| CITY-ST-ZIP    | JAMESVILLE, NY 13078   |  |
| TITLE          | DP                     | <input type="checkbox"/> Delete            |
| NAME           | MACMURRAY, ORRIN B     |  |
| STREET ADDRESS | 8311 DIXON RD          |  |
| CITY-ST-ZIP    | CAMDEN, NY 13316       |  |
| TITLE          | DT                     | <input type="checkbox"/> Delete            |
| NAME           | DAUSMAN, DEL B         |  |
| STREET ADDRESS | 8232 TURNSTONE DR      |  |
| CITY-ST-ZIP    | MANLIUS, NY 13104      |  |
| TITLE          | DVS                    | <input type="checkbox"/> Delete            |
| NAME           | PECKHAM, RONALD L      |  |
| STREET ADDRESS | 4018 PAWNEE RD         |  |
| CITY-ST-ZIP    | LIVERPOOL, NY 13090    |  |
| TITLE          | D                      | <input checked="" type="checkbox"/> Delete |
| NAME           | DEWEY, LOWELL B        |  |
| STREET ADDRESS | 156 PRATT ST           |  |
| CITY-ST-ZIP    | E AURORA, NY 14052     |  |
| TITLE          |                        | <input type="checkbox"/> Delete            |
| NAME           |                        |  |
| STREET ADDRESS |                        |  |
| CITY-ST-ZIP    |                        |  |

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

|                |                        |  |
|----------------|------------------------|--|
| TITLE          | D                      | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME           | Michael D. Hotaling    |  |
| STREET ADDRESS | 13621 Essence Rd.      |  |
| CITY-ST-ZIP    | San Diego, CA 92128    |  |
| TITLE          | D                      | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME           | John F. Spina          |  |
| STREET ADDRESS | 7408 Bay Chapel Circle |  |
| CITY-ST-ZIP    | Liverpool, NY 13088    |  |
| TITLE          | D                      | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME           | John D. Trimble        |  |
| STREET ADDRESS | 1635 Co. Rte 45A       |  |
| CITY-ST-ZIP    | Fulton, NY 13069       |  |
| TITLE          | D                      | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME           | Douglas R. Wickman     |  |
| STREET ADDRESS | 1321 Genesee St.       |  |
| CITY-ST-ZIP    | Skaneateles, NY 13152  |  |
| TITLE          |                        | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME           |                        |  |
| STREET ADDRESS |                        |  |
| CITY-ST-ZIP    |                        |  |

12. 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 10 or Block 11 if changed, or on an affidavit with an address, with all other like empowered.

**SIGNATURE:**  **Orrin B. MacMurray**      **4/12/04**      **315-455-2000**

\_\_\_\_\_  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #