


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 29, 2005 08:00 AM
Secretary of State

DOCUMENT # F96000004326	
1. Entity Name C & S ENGINEERS, INC.	

Principal Place of Business 499 COL. EILEEN COLLINS BLVD. SYRACUSE, NY 13212	Mailing Address 499 COL. EILEEN COLLINS BLVD. SYRACUSE, NY 13212
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03012005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 13-5318940	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525

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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HOTALING, MICHAEL D 13621 ESSENCE RD. SAN DIEGO, CA 92128
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP MACMURRAY, ORRIN B 8311 DIXON RD CAMDEN, NY 13316
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT DAUSMAN, DEL B 8232 TURNSTONE DR MANLIUS, NY 13104
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVS PECKHAM, RONALD L 4018 PAWNIEE RD LIVERPOOL, NY 13090
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SPINA, JOHN F 7408 BAY CHAPEL CIRCLE LIVERPOOL, NY 13088
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TRIMBLE, JOHN D 1635 CO. RTE. 45 FULTON, NY 13069

DO NOT WRITE IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: 	Orrin B. MacMurray	3/17/05	315-455-2000
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date</small>	<small>Daytime Phone #</small>