

**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 02, 2007 08:00 A**  
**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



02092007 No Chg-P CR2E034 (11/05)

4. FEI Number  
13-5318940

Applied For  
Not Applicable

5. Certificate of Status Desired ☒ \$8.75 Additional  
Fee Required

**DO NOT WRITE IN THIS SPACE**

**6. Name and Address of Current Registered Agent**

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

**DO NOT WRITE  
IN THIS SPACE**

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 \_\_\_\_\_

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

(NOTE: Registered Agent signature required when reinstating)

DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be**  
**Added to Fees**

U00000654141  
03/13/07-80050-007 158.75

**10. OFFICERS AND DIRECTORS**

TITLE	D
NAME	HOTALING, MICHAEL D
STREET ADDRESS	13621 ESSENCE RD.
CITY-ST-ZIP	SAN DIEGO, CA 92128
TITLE	DP
NAME	MACMURRAY, ORRIN B
STREET ADDRESS	8311 DIXON RD
CITY-ST-ZIP	CAMDEN, NY 13316
TITLE	DT
NAME	DAUSMAN, DEL B
STREET ADDRESS	8232 TURNSTONE DR
CITY-ST-ZIP	MANLIUS, NY 13104
TITLE	DVS
NAME	PECKHAM, RONALD L
STREET ADDRESS	4018 PAWNEE RD
CITY-ST-ZIP	LIVERPOOL, NY 13090
TITLE	D
NAME	SPINA, JOHN F
STREET ADDRESS	7408 BAY CHAPEL CIRCLE
CITY-ST-ZIP	LIVERPOOL, NY 13088
TITLE	D
NAME	TRIMBLE, JOHN D
STREET ADDRESS	1635 CO. RTE. 45
CITY-ST-ZIP	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 exemptions contained 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 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

2-23-07

315-455-2000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #