2002	UNIF	ORM	BUSINESS	REPORT-	(UBR
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SIGNATURE Signature Nyeld or printed nerve of registered agent and till of applicable New York	DOCL	JMENT # F9800		FILED			4		
ABANY NY 1205 US 2. Principal Place of Business 3. Marking Address Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State A. FET Number 94-3278455 Applied For Place Application Set 70 Country 3. To Country 3. To Country 3. To Country 3. Name and Address of Current Registered Agent To Name and Address of Name Registered Agent CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE FL 32301-2525 City State Address FL 32301-2525 City Street Address FL 32301-2525 City FL Zip Code 8. The above named entity submiss this statement for the purpose of changing its registered office or registered agent, or both, in the State of Horiza. I am familiar with, and accept the sex objects for a service agent as the resetation. SIGNATURE Suntant, above or prince remain depreced agent as the resetation. More Country submiss this statement for the purpose of changing its registered affice or registered agent, or both, in the State of Horiza. I am familiar with, and accept the sex objects for registered agent. Signature and adverse or prince remain depreced agent as the resetation. MORT Registered Agent International Street Country submiss the statement for the purpose of changing its registered affice or registered agent as white and accept the sex objects of the sex objects to a	-			02 SEP 25 AM 10: 59					
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Suite, Apt. #, etc. Suite, Apt. #, etc. Suite, Appl. #, etc. Do Not Writte in THIS SPACE	2. Principal	Place of Business	3 Mailing Address						
City & State City & State City & State City & State Country Country Country S. Cartificate of Status Desired See, 75, Additional Fee, Registered Agent Name CORPORATION SERVICE COMPANY 1201 HAVS STREET TALLAHASSEE FL 32301-2825 City FL Zp Code Street Address of New Registered Agent Street Address of New Registered Agent Name Street Address of New Registered Agent City FL Zp Code City FL Zp Code Street Address of New Registered Agent Name N									
Zip Country	- Suite, Ар 	ī. #, etc.	Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE			
E. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent 8. The above named analy submits this statement for the purpose of changing its registered agent, or both, in the State of Foorda. I am familiar with, and accept the obligations of registered agent, or both, in the State of Foorda. I am familiar with, and accept the obligations of registered agent and the familiar with, and accept the obligations of registered agent and the familiar with, and accept the obligations of registered agent and the familiar with, and accept the obligations of registered agent and the familiar with, and accept the obligations of registered agent are the familiar with, and accept the obligations of registered agent are the familiar with, and accept the obligations of registered agent are the familiar with, and accept the obligations of registered agent, or both, in the State of Foorda. I am familiar with, and accept the obligations of registered agent, or both, in the State of Foorda. I am familiar with, and accept the obligations of registered agent, or both, in the State of Foorda. I am familiar with, and accept the obligations of registered agent, or both, in the State of Foorda. I am familiar with, and accept the obligations of registered agent, or both, in the State of Foorda. I am familiar with, and accept the obligations of registered agent, or both, in the State of Foorda. I am familiar with, and accept the obligations of registered agent, or both in the State of Foorda. I am familiar with, and accept the obligations of registered agent, or both in the State of Foorda. I am familiar with, and accept the obligations of registered agent, or both in the State of Foorda. I am familiar with, and accept the obligations of registered agent, or both in the State of Foorda. I am familiar with, and accept the obligatio	City & Sta	ate	City & State		. 4	94-3278455	———		
CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE FL 32301-2525 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 Florica. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florica. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florica. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florica. I am familiar with, and accept the obligations of registered agent. SIGNATURE Syntaxa, Synd or offend care of registered agent with a statement for the purpose of changing its registered office or registered agent, or both, in the State of Florica. I am familiar with, and accept the obligations of registered agent. SIGNATURE Syntaxa, Synd or offend care of registered agent with a statement for the purpose of changing its registered office or registered agent, or both, in the State of Florica. I am familiar with, and accept the both purpose of registered agent, or both, in the State of Florica. I am familiar with, and accept the both purpose of registered agent, or both, in the State of Florica. I am familiar with, and accept the both purpose of registered agent, or both, in the State of Florica. I am familiar with, and accept the both purpose of registered agent, or both, in the State of Florica. I am familiar with, and accept the both purpose of registered agent, or both, in the State of Florica. I am familiar with, and accept the both purpose of registered agent, or both, in the State of Florica. I am familiar with, and accept the both purpose of registered agent, or both, in the State of Florica. I am familiar with, and accept the both purpose of registered agent, or both, in the State of Florica. I am familiar with, and accept the both purpose of registered agent. Signature agent	Zip	Country	Zip	Country	5	. Certificate of Status Desired	\$8.75 Ad	ditional	
CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE FL 32301-2525 Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code Atter September 13, 2002 Fee will be \$750.00 Atter September 14, 2002 Fee will		6. Name and Address of Current F	legistered Agent		7	. Name and Address of New Registe			
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	1201 HAYS STREET				eet Address (P.O. Box Number is Not Acceptable)				
TITLE NAME RIORDAN, GERARLD 108 GLENWOOR DRIVE ENGLEWOOD CO 80110 TITLE VCFO MARR, DONALD J STREET ADDRESS CITY-ST-ZIP WROGINN, RICHARD P TO COMPUTER DRIVE WEST ALBANY NY 12205 TITLE MAME STREET ADDRESS CITY-ST-ZIP TO COMPUTER DRIVE WEST ALBANY NY 12205 TITLE MAME MATERIA DORSS CITY-ST-ZIP TO COMPUTER DRIVE WEST ALBANY NY 12205 TITLE MAME MATERIA DORSS CITY-ST-ZIP TO COMPUTER DRIVE WEST ALBANY NY 12205 TITLE MAME MATERIA DORSS CITY-ST-ZIP TO COMPUTER DRIVE WEST ALBANY NY 12205 TITLE MAME MATERIA DORSS CITY-ST-ZIP TO COMPUTER DRIVE WEST ALBANY NY 12205 TITLE MAME MATERIA DORSS CITY-ST-ZIP TO COMPUTER DRIVE WEST ALBANY NY 12205 TITLE MAME MATERIA DORSS CITY-ST-ZIP TO COMPUTER DRIVE WEST ALBANY NY 12205 TITLE MAME	SIGNATURE 9. This corp Tax filing	Signature, typed or printed name of registered agent an oration is eligible to satisfy its Intangible requirement and elects to do so.	of title if applicable. (NOTE: Reg	gistered Agent signar FEE IS \$550	ture required when	n reinstating) D	P _ \$5.0	00 May Be	
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TITLE NAME	NAME Street address	MARR, DONALD J 8 AUTOMATION LANE	Doelete	NAME STREET ADDRESS	Patr 500 E	ick J. Fodale ast 77th Street, #6	35	Addition	CR2
MOSCINSKI, MICHAEL T 17 COMPUTER DRIVE WEST ALBANY NY 12205 Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP Delete TITLE Change Addition	NAME STREET ADDRESS	MCGINN, RICHARD P 17 COMPUTER DRIVE WEST		NAME STREET ADDRESS	P/co mich	iael Wysocki 7 Rolling Woods C	□ Change	Addition	
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	AME Treet address ITY-ST-ZIP			NAME STREET ADDRESS CITY-ST-ZIP					

OF SIGNING OFFICER OF DIRECTOR 9/18/62 (5/8) 446-0/40