


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 01, 2006 08:00 AM
Secretary of State

DOCUMENT # H77194 1. Entity Name CLIENT BUSINESS SERVICES, INC.	
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Principal Place of Business 4315 METRO PARKWAY P.O. BOX 06500 FT. MYERS, FL 33906-3500	Mailing Address P.O. BOX 2216 SCHENECTADY, NY 12301-2216 US
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01172006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2579139	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 CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION, FL 33324
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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 _____ (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, 2006 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	UN00000556307 05/17/06-80004-009 150.00
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D/P DOBBS, RICHARD L 4211 METRO PARKWAY FORT MYERS, FL 33916
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D/V SAIL, RONALD A 1 RIVER ROAD SCHENECTADY, NY 12345
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D/V STRATTON, LEE C 3135 EASTON TURNPIKE FAIRFIELD, CT 06828
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S IANNONE, MALVINA 777 LONG RIDGE ROAD STAMFORD, CT 06927
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V AMBROSY, CALMAN J 1 RIVER ROAD SCHENECTADY, NY 12345
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V FOLEY, MAGGIE L 1 RIVER ROAD SCHENECTADY, NY 12345

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:  **BARBARA A. CAMERON** VP/AT **4/18/06** (518) 433-4337

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