

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# H77194

FILED  
Apr 14, 2008  
Secretary of State

Entity Name: CLIENT BUSINESS SERVICES, INC.

## Current Principal Place of Business:

4315 METRO PARKWAY  
P.O. BOX 06500  
FT. MYERS, FL 339063500

## New Principal Place of Business:

4315 METRO PARKWAY  
FT. MYERS, FL 339163500

## Current Mailing Address:

P.O. BOX 2216  
SCHENECTADY, NY 123012216 US

## New Mailing Address:

FEI Number: 59-2579139      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

CT CORPORATION SYSTEM  
1200 S. PINE ISLAND ROAD  
PLANTATION, FL 33324 US

## Name and Address of New Registered Agent:

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: D/P ( ) Delete  
Name: DOBBS, RICHARD L  
Address: 4211 METRO PARKWAY  
City-St-Zip: FORT MYERS, FL 33916

Title: DV ( ) Delete  
Name: SAIL, RONALD A  
Address: 1 RIVER ROAD  
City-St-Zip: SCHENECTADY, NY 12345

Title: DV ( ) Delete  
Name: STRATTON, LEE C  
Address: 3135 EASTON TURNPIKE  
City-St-Zip: FAIRFIELD, CT 06828

Title: S ( ) Delete  
Name: IANNONE, MALVINA  
Address: 777 LONG RIDGE ROAD  
City-St-Zip: STAMFORD, CT 06927

Title: V ( ) Delete  
Name: AMBROSIO, CALMAN J  
Address: 1 RIVER ROAD  
City-St-Zip: SCHENECTADY, NY 12345

Title: V ( ) Delete  
Name: FOLEY, MAGGIE L  
Address: 1 RIVER ROAD  
City-St-Zip: SCHENECTADY, NY 12345

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: V (X) Change ( ) Addition  
Name: CAMERON, BARBARA L  
Address: 12 CORPORATE WOODS BLVD  
City-St-Zip: ALBANY, NY 12211

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: BARBARA CAMERON

V

04/14/2008

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date