FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAR 22 PM 3:48

DOCUMENT # P04696 (1)

1. Corporation Name
CIS CORPORATION

Principal Place of Business	Mailing Address
ONE CIS PARKWAY P.O. BOX 4785 SYRACUSE NY 13221-1785	ONE CIS PARKWAY P.O. BOX 4785 SYRACUSE NY 13221-1785

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 01/18/1985
3a. Date of Last Report: 02/16/1994
4. FEI Number: 16-1258753 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21 1 Northern Concourse	26 1 Northern COncourse
Suite, Apt. #, etc. 22 PO Box 4785	Suite, Apt. #, etc. 27 PO Box 4785
City & State 23 Syracuse, NY	City & State 28 Syracuse, NY
Zip / Country 24 13221 / 25 USA	Zip / Country 29 13221 / 30 USA

9. Name and Address of Current Registered Agent

THE PRENTICE-HALL CORPORATION SYSTEM, INC.
1201 HAYS ST
SUITE 105
TALLAHASSEE FL 32301

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	T	1.1 TITLE	P/D ☒ Change ☒ Addition
NAME	HASSETT, JAMES P	1.2 NAME	Richard B. Lasken
STREET ADDRESS	ONE CIS PARKWAY	1.3 STREET ADDRESS	One Northern Concourse
CITY-ST-ZIP	EAST SYRACUSE NY	1.4 CITY-ST-ZIP	Syracuse, NY 13221-4785
TITLE	SRVP	2.1 TITLE	V/S/D ☒ Change ☐ Addition
NAME	TAIT, MARSHA L	2.2 NAME	Daniel L. Wieneke
STREET ADDRESS	ONE CIS PARKWAY	2.3 STREET ADDRESS	One Northern Concourse
CITY-ST-ZIP	SYRACUSE NY 13221	2.4 CITY-ST-ZIP	Syracuse, NY 13221-4785
TITLE	SRVP	3.1 TITLE	V/T/D ☒ Change ☒ Addition
NAME	WIENEKE, DANIEL L	3.2 NAME	Frank J. Corcoran
STREET ADDRESS	ONE CIS PARKWAY	3.3 STREET ADDRESS	One Northern Concourse
CITY-ST-ZIP	SYRACUSE NY 13221	3.4 CITY-ST-ZIP	~~Syracuse, NY 13221-4785~~
TITLE	SRVP	4.1 TITLE	AS ☐ Change ☒ Addition
NAME	HANLY, E J	4.2 NAME	Susan E. Weatherwax
STREET ADDRESS	ONE CIS PARKWAY	4.3 STREET ADDRESS	One Northern Concourse
CITY-ST-ZIP	SYRACUSE NY 13221	4.4 CITY-ST-ZIP	~~Syracuse, NY 13221-4785~~
TITLE	SRVP	5.1 TITLE	AS ☐ Change ☒ Addition
NAME	SEEKINGS, MICHAEL R	5.2 NAME	John H. Adair
STREET ADDRESS	ONE CIS PARKWAY	5.3 STREET ADDRESS	One Northern COncourse
CITY-ST-ZIP	SYRACUSE NY 13221	5.4 CITY-ST-ZIP	~~Syracuse, NY 13221-4785~~
TITLE	SRVP	6.1 TITLE	AS ☐ Change ☐ Addition
NAME	O'BRIEN, DAVID J	6.2 NAME	Ann M. Twomey
STREET ADDRESS	ONE CIS PARKWAY	6.3 STREET ADDRESS	One Northern Concourse
CITY-ST-ZIP	SYRACUSE NY 13221	6.4 CITY-ST-ZIP	~~Syracuse, NY 13221-4785~~

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for exemption pursuant to Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Daniel L Wieneke Daniel L. Wieneke/ VP & Sec. 3/8/95 (315) 455-1900
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0073430