

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED
Sep 18 1997 8:00am
Secretary of State

PROJECT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # 1. Corporation Name P04696			
CIS CORPORATION Principal Place of Business		Mailing Address	
ONE NORTHERN CONCOURSE PO BOX 4785, SYRACUSE, NY 13221-4785		3. Date Incorporated or Qualified 1/18/95	
2. Principal Place of Business		3a. Date of Last Report	
21 Suite, Apt. #, etc.		2a. Mailing Address	
22 City & State		26 ONE NORTHERN CONCOURSE	
23 Zip		27 PO BOX 4785	
24 Country		28 SYRACUSE, NY 13221-4785	
25		29	
26		30	
9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
THE PRENTICE-HALL CORPORATION SYSTEM, INC. 1201 HAYS STREET SUITE 105 TALLAHASSEE, FL 32301		81 Name	
		82 Street Address (P.O. Box Number is Not Acceptable)	
		83	
		84 City	
		85 Zip Code	
		FL	
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			
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE			
12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	PD
NAME	THOMAS J. PRINZING, ONE N CONCOURSE	1.2 NAME	MICHAEL L. ROSEN, 1 N CONCOURSE
STREET ADDRESS	SYRACUSE, NY 13221-4785	1.3 STREET ADDRESS	SYRACUSE, NY 13221-4785
CITY-ST-ZIP		1.4 CITY-ST-ZIP	
TITLE	VTD	2.1 TITLE	SVP
NAME	FRANK J. CORCORAN, ONE N. CONCOURSE	2.2 NAME	JONAH M. MEER, ONE N CONCOURSE
STREET ADDRESS	SYRACUSE, NY 13221-4785	2.3 STREET ADDRESS	SYRACUSE, NY 13221-4785
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	AS	3.1 TITLE	T
NAME	SUSAN E. WEATHERWAX ONE N CONCOURSE	3.2 NAME	BRUCE W. LEWIS, JR, 1N CONCOURSE
STREET ADDRESS	SYRACUSE, NY 13221-4785	3.3 STREET ADDRESS	SYRACUSE, NY 13221-4785
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	AS	4.1 TITLE	S
NAME	JOHN H. ADAIR, ONE N. CONCOURSE	4.2 NAME	JAMES J. MOSHER, ONE N CONCOURSE
STREET ADDRESS	SYRACUSE, NY 13221-4785	4.3 STREET ADDRESS	SYRACUSE, NY 13221-4785
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	AS	5.1 TITLE	
NAME	ANN M. TWOMEY, ONE N CONCOURSE	5.2 NAME	
STREET ADDRESS	SYRACUSE, NY 13221-4785	5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	
14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.			
SIGNATURE: <i>Bruce W. Lewis, Jr.</i> BRUCE W. LEWIS, JR.			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			
Date 9/12/97 315-455-1900			

CR2E034 (9/96)