FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

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

FILED
95 JUL -7 AM 9:13
SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # P04920 (5)

1. Corporation Name
CENTRAL LOCATING SERVICE, LTD. CORPORATION

Principal Place of Business	Mailing Address
6489 RIDINGS RD. SYRACUSE NY 13206	6489 RIDINGS RD. SYRACUSE NY 13206

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 02/06/1985
3a. Date of Last Report: 05/01/1994

2. Principal Place of Business — 21
2a. Mailing Address — 26
4. FEI Number: 16-1183920 ☐ Applied For ☐ Not Applicable
Suite, Apt. #, etc. — 22
Suite, Apt. #, etc. — 27
5. Certificate of Status Desired ☐ $8.75 Additional Fee Required
City & State — 23
City & State — 28
6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees
Zip — 24 Country — 25
Zip — 29 Country — 30
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☑ Yes ☐ No

9. Name and Address of Current Registered Agent

~~RAFUL, RICHARD~~ CT CORPORATION
~~9908 N.W. 107TH ST.~~ C/O CT CORPORATION SYSTEM
~~MIAMI FL 33054~~
1200 SOUTH PINE ISLAND RD
PLANTATION, FLORIDA 33324

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	C	1.1 TITLE	☐ Change ☐ Addition
NAME	COON, WILLIAM	1.2 NAME	
STREET ADDRESS	4351 CEDARVALE ROAD	1.3 STREET ADDRESS	
CITY-ST-ZIP	SYRACUSE NY	1.4 CITY-ST-ZIP	
TITLE	P	2.1 TITLE	☐ Change ☐ Addition
NAME	LANZAFAME, SAMUEL J.	2.2 NAME	
STREET ADDRESS	425 ELIZABETH ST.	2.3 STREET ADDRESS	
CITY-ST-ZIP	ONEIDA NY	2.4 CITY-ST-ZIP	
TITLE	TS	3.1 TITLE	☐ Change ☐ Addition
NAME	MULROY, JOHN H	3.2 NAME	
STREET ADDRESS	25 W MAIN ST	3.3 STREET ADDRESS	
CITY-ST-ZIP	MARCELLUS NY	3.4 CITY-ST-ZIP	
TITLE	D	4.1 TITLE	☐ Change ☐ Addition
NAME	ORR, JOHN C	4.2 NAME	
STREET ADDRESS	127 TERRANCEVIEW	4.3 STREET ADDRESS	
CITY-ST-ZIP	DEWITT NY	4.4 CITY-ST-ZIP	
TITLE	D	5.1 TITLE	☐ Change ☐ Addition
NAME	LAWLER, DONALD J	5.2 NAME	
STREET ADDRESS	209 THORNTON CIRCLE	5.3 STREET ADDRESS	
CITY-ST-ZIP	CAMILLUS NY	5.4 CITY-ST-ZIP	
TITLE	O	6.1 TITLE	☐ Change ☐ Addition
NAME	HAMILTON, DONALD L	6.2 NAME	
STREET ADDRESS	4964 ELGIN DRIVE	6.3 STREET ADDRESS	
CITY-ST-ZIP	SYRACUSE NY	6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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: _____ _____ (315) 437-4444
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0484731 FN