

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

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

FILED
Mar 19 1997 8:00am
Secretary of State

DOCUMENT # P04920 (5)
1. Corporation Name
CENTRAL LOCATING SERVICE, LTD. CORPORATION

Principal Place of Business
6489 RIDINGS RD.
SYRACUSE NY 13206

Mailing Address
6489 RIDINGS RD.
SYRACUSE NY 13206-1110



| | | | |
|--------------------------------|---------------------|---------------------|---------------------|
| 2. Principal Place of Business | | 2a. Mailing Address | |
| 21 | Suite, Apt. #, etc. | 26 | Suite, Apt. #, etc. |
| 22 | City & State | 27 | City & State |
| 23 | Zip | 28 | Country |
| 24 | Country | 29 | Zip |
| 25 | | 30 | |

| | |
|---|---------------------------------------|
| 3. Date Incorporated or Qualified 02/06/1985 | 3a. Date of Last Report 03/13/1996 |
| 4. FEI Number 16-1183920 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
| 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> | \$5.00 May Be Added to Fees |
| 6. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | |

| | | | |
|---|--|---|--|
| 9. Name and Address of Current Registered Agent | | 10. Name and Address of New Registered Agent | |
| CT CORPORATION SYSTEM C/O CT CORPORATION SYSTEM 1200 SOUTH PINE ISLAND RD. PLANTATION FL 33324 | | 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|----------------------------|----------------------|---|---|
| TITLE | C | 1.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> 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 | <input type="checkbox"/> Change <input type="checkbox"/> 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 | <input type="checkbox"/> Change <input type="checkbox"/> 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 | <input type="checkbox"/> Change <input type="checkbox"/> 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 | O | 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | HAMILTON, DONALD L | 5.2 NAME | |
| STREET ADDRESS | 4964 ELGIN DRIVE | 5.3 STREET ADDRESS | |
| CITY-ST-ZIP | SYRACUSE NY | 5.4 CITY-ST-ZIP | |
| TITLE | | 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 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: _____ 3-13-97 315-437-4444

CR2E034 (9/96)