

**CORPORATION
ANNUAL REPORT
1995**



FLORIDA DEPARTMENT OF STATE
Jan Smith
Secretary of State
DIVISION OF CORPORATIONS

**APPROVED
AND
FILED**

95 JAN 26 PM 12:54

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

DO NOT WRITE IN THIS SPACE

1. Corporation Name
CMI Corporation
COMPUTER MARKETING INTERNATIONAL

DOCUMENT #

P10278

Mailing Address Principal Place of Business

**One Northern Concourse
P.O. Box 4785
Syracuse, New York 13221-4785**

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

3. Date Incorporated or Qualified **2/16/70** 3a. Date of Last Report

2. Mailing Address	2a. Principal Place of Business	4. FEI Number	Applied For
21. One Northern Concourse	26. One Northern Concourse	38-1906677	Not Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.	5. Certificate of Status Desired	6. Election Campaign Financing Trust Fund Contribution
22. P.O. Box 4785	27. P.O. Box 4785	\$8.75-Additional Fee Required	☐ \$5.00 May Be Added to Fees
City & State	City & State	7. Nonprofit Exempt from \$138.75 Supplemental Fee	
23. Syracuse, New York	28. Syracuse, New York	☐	
Zip	Zip	8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes	☐ Yes ☐ No
24. 13221	25. USA	29. 13221	30. USA

9. Name and Address of Current Registered Agent

**The Prentice Hall Corporation System, Inc.
Suite 420
Lewis State Bank Building
Tallahassee, Florida 32305**

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 or Sections 617.0502 and 617.1508, 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 or 617.0503, Florida Statutes.

SIGNATURE

(Registered Agent Accepting Appointment) (NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

11 TITLE	D & P
12 NAME	Richard B. Lasken
13 STREET ADDRESS	One Northern Concourse
14 CITY-ST-ZIP	Syracuse, NY 13221-4785
21 TITLE	VP & S & D
22 NAME	Daniel L. Wieneke
23 STREET ADDRESS	One Northern Concourse
24 CITY-ST-ZIP	Syracuse, New York 13221-4785
31 TITLE	VP & T & D
32 NAME	Frank J. Corcoran
33 STREET ADDRESS	One Northern Concourse
34 CITY-ST-ZIP	Syracuse, New York 13221-4785
41 TITLE	
42 NAME	
43 STREET ADDRESS	
44 CITY-ST-ZIP	
51 TITLE	
52 NAME	
53 STREET ADDRESS	
54 CITY-ST-ZIP	
61 TITLE	
62 NAME	
63 STREET ADDRESS	
64 CITY-ST-ZIP	

13. CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	
12 NAME	
13 STREET ADDRESS	
14 CITY-ST-ZIP	
21 TITLE	
22 NAME	
23 STREET ADDRESS	
24 CITY-ST-ZIP	
31 TITLE	
32 NAME	
33 STREET ADDRESS	
34 CITY-ST-ZIP	
41 TITLE	
42 NAME	
43 STREET ADDRESS	
44 CITY-ST-ZIP	
51 TITLE	
52 NAME	
53 STREET ADDRESS	
54 CITY-ST-ZIP	
61 TITLE	
62 NAME	
63 STREET ADDRESS	
64 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 110.07(3)(4), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 110.07(3)(4) in the event that the information supplied is deemed exempt from public access. 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 have fulfilled all obligations concerning unclaimed property imposed by Chapter 717, Florida Statutes; 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 or 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

Richard B. Lasken
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/10/95 (315) 455-1900

Date Daytime Phone