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PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P10278 (0)

1. Corporation Name

COMPUTER MARKETING INTERNATIONAL INC.



Principal Place of Business

Mailing Address

ONE NORTHERN CONCOURSE
P.O. BOX 4785
SYRACUSE NY 13221

ONE NORTHERN CONCOURSE
P.O. BOX 4785
SYRACUSE NY 13221

3. Date Incorporated or Qualified
05/29/1986

3a. Date of Last Report
01/26/1995

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

THE PRENTICE-HALL CORPORATION SYSTEM, INC.
FIRST FLORIDA BANK BLDG., SUITE 420
TALLAHASSEE FL 32301

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

(Signature type for principal name of registered agent and for all applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE VTD ☐ DELETE

NAME CORCORAN, FRANK J
STREET ADDRESS ONE NORTHERN CONCOURSE
CITY-ST-ZIP SYRACUSE NY

TITLE VSD ☒ DELETE

NAME WIENEKE, DANIEL L.
STREET ADDRESS ONE NORTHERN CONCOURSE
CITY-ST-ZIP SYRACUSE NY

TITLE DP ☒ DELETE

NAME LASKEN, RICHARD B
STREET ADDRESS ONE NORTHERN CONCOURSE
CITY-ST-ZIP SYRACUSE NY

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

DP

Thomas J. Prinzing

One Northern Concourse

Syracuse, NY 13221-4785

AS

John H. Adair

One Northern Concourse

Syracuse, NY 13221-4785

AS

Susan E. Weatherwax

One Northern Concourse

Syracuse, NY 13221-4785

AS

Ann M. Twomey

One Northern Concourse

Syracuse, NY 13221-4785

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)(k), 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 or changes, or in an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

John H. Adair

2/7/96

Date

315 455 1900

Daytime Phone #

CR2E034 (12/95)