

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

PROFIT CORPORATION  
ANNUAL REPORT  
**1996**



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

**DOCUMENT # P19011 (6)**  
1. Corporation Name  
**CIS INVESTMENT CORPORATION**



Principal Place of Business: **ONE NORTHERN CONCOURSE  
P O BOX 4785  
SYRACUSE NY 13221  
US**

Mailing Address: **ONE NORTHERN CONCOURSE  
P O BOX 4785  
SYRACUSE NY 13221  
US**

2. Principal Place of Business: 21 State, Apt. #, etc.: 22 City & State: 23 Zip: 24 Country: 25

2a. Mailing Address: 26 State, Apt. #, etc.: 27 City & State: 28 Zip: 29 Country: 30

3. Date Incorporated or Qualified: **04/26/1988**

3a. Date of Last Report: **01/30/1995**

4. FEI Number: **94-2964671**

5. Certificate of Status Desired: **XKX** \$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution:  \$5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes:  Yes  No

9. Name and Address of Current Registered Agent: **PRENTICE-HALL CORPORATION SYSTEM, INC.  
1201 HAYS ST  
SUITE 105  
TALLAHASSEE FL 32301**

10. Name and Address of New Registered Agent: 81 Name: 82 Street Address (P.O. Box Number is Not Acceptable): 83 City: 84 City: 85 Zip Code: **FL**

11. Pursuant to the provisions of Sections 607.0602 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 607.0605, Florida Statutes.

SIGNATURE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: PD	<input checked="" type="checkbox"/> DELETE	1. TITLE: PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME: LASKEN, RICHARD B		12. NAME: Thomas J. Prinzing	
STREET ADDRESS: ONE NORTHERN CONCOURSE		13. STREET ADDRESS: One Northern Concourse	
CITY, ST, ZIP: SYRACUSE NY 13221-4785		14. CITY, ST, ZIP: Syracuse, NY 13221-4785	
TITLE: VSD	<input checked="" type="checkbox"/> DELETE	2. TITLE: B	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME: WIENEKE, DANIEL L		22. NAME: John H. Adair	
STREET ADDRESS: ONE NORTHERN CONCOURSE		23. STREET ADDRESS: One Northern Concourse	
CITY, ST, ZIP: SYRACUSE NY 13221-4785		24. CITY, ST, ZIP: Syracuse, NY 13221-4785	
TITLE: TD	<input type="checkbox"/> DELETE	3. TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: CONCORNA, FRANK J		32. NAME:	
STREET ADDRESS: ONE NORTHERN CONCOURSE		33. STREET ADDRESS:	
CITY, ST, ZIP: SYRACUSE NY 13221-4785		34. CITY, ST, ZIP:	
TITLE:	<input type="checkbox"/> DELETE	4. TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME:		42. NAME:	
STREET ADDRESS:		43. STREET ADDRESS:	
CITY, ST, ZIP:		44. CITY, ST, ZIP:	
TITLE:	<input type="checkbox"/> DELETE	5. TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME:		52. NAME:	
STREET ADDRESS:		53. STREET ADDRESS:	
CITY, ST, ZIP:		54. CITY, ST, ZIP:	
TITLE:	<input type="checkbox"/> DELETE	6. TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME:		62. NAME:	
STREET ADDRESS:		63. STREET ADDRESS:	
CITY, ST, ZIP:		64. CITY, ST, ZIP:	

14. I 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 registered 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: *John H. Adair* John H. Adair 2/7/96 315 455 1900

CR2E034 (12/95)