


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

FILED
May 10, 1999 8:00 am
Secretary of State

05-10-1999 90220 007 ***150.00

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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P24122

1. Corporation Name
CAREER SYSTEMS DEVELOPMENT CORPORATION

Principal Place of Business 80 COMMERCE DRIVE ROCHESTER NY 14623	Mailing Address 80 COMMERCE DRIVE ROCHESTER NY 14623
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DO NOT WRITE IN THIS SPACE

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 Zip
24 Country	29 Country
25	30

3. Date Incorporated or Qualified 05/02/1989	Applied For <input type="checkbox"/> Yes <input checked="" type="checkbox"/> Not Applicable
4. FEI Number 06-1230731	
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
8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**CT CORPORATION SYSTEM
 1200 S. PINE ISLAND ROAD
 PLANTATION FL 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	GRUNDMAN, CHARLES W.	
STREET ADDRESS	80 COMMERCE DRIVE	
CITY-ST-ZIP	ROCHESTER NY	
TITLE	CD	<input type="checkbox"/> DELETE
NAME	WATKINS, HERBERT W.	
STREET ADDRESS	80 COMMERCE DRIVE	
CITY-ST-ZIP	ROCHESTER NY	
TITLE	S	<input type="checkbox"/> DELETE
NAME	FLOOD, SUSAN P	
STREET ADDRESS	80 COMMERCE DRIVE	
CITY-ST-ZIP	ROCHESTER NY	
TITLE	T	<input type="checkbox"/> DELETE
NAME	MUTO, JOHN F.	
STREET ADDRESS	80 COMMERCE DRIVE	
CITY-ST-ZIP	ROCHESTER NY	
TITLE	V	<input type="checkbox"/> DELETE
NAME	WEBSTER, FRANK	
STREET ADDRESS	4424 NW 13TH STREET / STE - A12	
CITY-ST-ZIP	GAINESVILLE FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	D William Konar
1.3 STREET ADDRESS	110 Commerce Drive
1.4 CITY-ST-ZIP	Rochester, NY 14623
2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	VP John Adams
2.3 STREET ADDRESS	110 N. Winchester Blvd., Suite 386
2.4 CITY-ST-ZIP	Santa Clara, CA 95050
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I 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, with all other like empowered.

SIGNATURE: *John F. Muto* **John F. MUTO Sr VP Finance** 4/29/99 716-334-8080
 & Treasurer Date Daytime Phone #

CR2E034 (11/98)