

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 28, 2002 8:00 am
Secretary of State

03-28-2002 90018 026 ***150.00

0619610 AT

DOCUMENT #

P24122

1. Entity Name

CAREER SYSTEMS DEVELOPMENT CORPORATION

Principal Place of Business

**80 COMMERCE DRIVE
 ROCHESTER NY 14623**

Mailing Address

**80 COMMERCE DRIVE
 ROCHESTER NY 14623**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

06-1230731

Applied For

Not Applicable

5. Certificate of Status: Desired ☒ **Yes**

**\$8.75 Additional
 Fee Required**

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**CT CORPORATION SYSTEM
 1200 S. PINE ISLAND ROAD
 PLANTATION FL 33324**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**9. This corporation is eligible to satisfy its Intangible
 Tax filing requirement and elects to do so.
 (See criteria on back)** ☐

**FILE NOW!!! FEE IS \$150.00
 After May 1, 2002 Fee will be \$550.00
 Make Check Payable to Department of State**

**10. Election Campaign Financing
 Trust Fund Contribution.** ☐

**\$5.00 May Be
 Added to Fees**

11. OFFICERS AND DIRECTORS

TITLE **P** ☐ Delete
NAME **GRUNDMAN, CHARLES W.**
STREET ADDRESS **80 COMMERCE DRIVE**
CITY-ST-ZIP **ROCHESTER NY**

TITLE **CD** ☐ Delete
NAME **BURDEN, GREG**
STREET ADDRESS **2465 CAMPUS DRIVE**
CITY-ST-ZIP **IRVINE CA 92612**

TITLE **D** ☐ Delete
NAME **BROOME, MICHAEL**
STREET ADDRESS **2465 CAMPUS DRIVE**
CITY-ST-ZIP **IRVINE CA 92612**

TITLE **V** ☐ Delete
NAME **MUTO, JOHN F.**
STREET ADDRESS **80 COMMERCE DRIVE**
CITY-ST-ZIP **ROCHESTER NY**

TITLE **SD** ☐ Delete
NAME **CHAMBERS, GREG**
STREET ADDRESS **2465 CAMPUS DRIVE**
CITY-ST-ZIP **IRVINE CA 92612**

TITLE **TD** ☒ Delete
NAME **THRAPP, GARY**
STREET ADDRESS **2465 CAMPUS DRIVE**
CITY-ST-ZIP **IRVINE CA 92612**

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☒ Change ☐ Addition
NAME **S/T/D**
STREET ADDRESS **CHAMBERS, GREG**
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

13. 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

John F. Muto
JOHN F. MUTO
 Date **3/10/02**
 Daytime Phone # **8080**

CR2E034 (9/01)