

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 20, 2006 8:00 am
Secretary of State

03-20-2006 90015 024 ***150.00

DOCUMENT # P24122

1. Entity Name
CAREER SYSTEMS DEVELOPMENT CORPORATION



Principal Place of Business
**75 THRUWAY PARK DR
SUITE 100
WEST HENRIETTA, NY 14586**

Mailing Address
**75 THRUWAY PARK DR
SUITE 100
WEST HENRIETTA, NY 14586**

20018027



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

03012006

Chg-P

CR2E034 (11/05)

4. FEI Number

06-1230731

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
**PCOO
JANKE, ROBERT A
75 THRUWAY PARK DR., STE. #100
WEST HENRIETTA, NY 14586** ☒ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
**VCFO
MUTO, JOHN F.
75 THRUWAY PARK DR., STE. #100
WEST HENRIETTA, NY 14586** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
**AS
REYNOLDS, ALAN J
75 THRUWAY PARK DR., STE. 100
WEST HENRIETTA, NY 14586** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
**S
SEASTROM, STEPHEN E
2465 CAMPUS DR.
IRVINE, CA 92612** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
C/O P/CEO/COO ☒ Change ☐ Addition

TITLE
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CITY-STATE-ZIP
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☐ Change ☐ Addition

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CITY-STATE-ZIP
☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

John F. Muto
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

John F. Muto SRVP, CEO
Date

3/7/06 (585) 3349650
Daytime Phone #