

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 14, 2003 8:00 am
Secretary of State

04-14-2003 90926 007 ***150.00

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

75 THRUWAY PARK DR.

3. Mailing Address

75 THRUWAY PARK DR.

Suite, Apt. #, etc.

Suite #100

Suite, Apt. #, etc.

SUITE #100

City & State

WEST HENRIETTA, NY

City & State

WEST HENRIETTA, NY

Zip

14586

Country

U.S.A.

Zip

14586

Country

U.S.A.

☒ CHECK HERE IF MAKING CHANGES

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, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. 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 **STD** ☐ Delete
NAME **CHAMBERS, GREG**
STREET ADDRESS **2465 CAMPUS DRIVE**
CITY-ST-ZIP **IRVINE CA 92612**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P/COO** ☐ Change ☒ Addition
NAME **ROBERT A. JANKE**
STREET ADDRESS **75 THRUWAY PARK DR., SUITE #100**
CITY-ST-ZIP **WEST HENRIETTA, NY 14586**

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

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

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **75 THRUWAY PARK DR., SUITE #100**
CITY-ST-ZIP **WEST HENRIETTA, NY 14586**

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

TITLE **P/REDIRECTION PROG.** ☐ Change ☒ Addition
NAME **WILLIAM DUKE**
STREET ADDRESS **1426 LIME STREET, SUITE 2**
CITY-ST-ZIP **FERNANDINA BEACH, FL 32034**

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/7/03

(505)-334-8000

CR2E034 (10/02)