

SCC eFile

**2013 ANNUAL REPORT
COMMONWEALTH OF VIRGINIA
STATE CORPORATION COMMISSION**

213534432

1.) CORPORATION NAME:

C&S Engineers, Inc.

DUE DATE: **7/31/2013**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**CORPORATION SERVICE COMPANY
Bank of America Center, 16th Floor
1111 East Main Street**

SCC ID NO: **F1146192**

RICHMOND, VA

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	200,000

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

RICHMOND CITY

4.) STATE OR COUNTRY OF INCORPORATION:

NY

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 499 COL. EILEEN COLLINS BLVD

CITY/ST/ZIP: SYRACUSE, NY 13212

7.) DIRECTORS AND PRINCIPAL OFFICERS: All directors and principal officers must be listed. An individual may be designated as both a director and an officer.

NAME:	JOHN D TRIMBLE	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	P/COO		
ADDRESS:	499 COL. EILEEN COLLINS BLVD		
CITY/ST/ZIP/CO:	SYRACUSE, NY 13212		
NAME:	RONALD L PECKHAM	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	VP/SEC		
ADDRESS:	499 COL. EILEEN COLLINS BLVD		
CITY/ST/ZIP/CO:	SYRACUSE, NY 13212		
NAME:	MICHAEL J WALKER	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	TREASURER		
ADDRESS:	499 COL. EILEEN COLLINS BLVD		
CITY/ST/ZIP/CO:	SYRACUSE, NY 13212		
NAME:	ELLEN T LABERGE	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	ASST SECRETARY		
ADDRESS:	499 COL EILEEN COLLINS BLVD		
CITY/ST/ZIP/CO:	SYRACUSE, NY 13212		
NAME:	John F Spina	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	499 Col Eileen Collins Blvd		
CITY/ST/ZIP/CO:	Syracuse, NY 13212		
NAME:	Robert N. Duclos	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	499 Col. Eileen Collins Blvd.		
CITY/ST/ZIP/CO:	Syracuse, NY 13212		

NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	Orrin B. MacMurray VICE PRESIDENT 499 Col. Eileen Collins blvd. Syracuse, NY 13212	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
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NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	Maureen K. Clegg DIRECTOR 499 Col. Eileen Collins Blvd. Syracuse, NY 13212	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
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I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.

/s/ JOHN D TRIMBLE	JOHN D TRIMBLE, P/COO	7/25/2013
SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	PRINTED NAME AND CORPORATE TITLE	DATE

It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing.