

SCC eFile

2014 ANNUAL REPORT
COMMONWEALTH OF VIRGINIA
STATE CORPORATION COMMISSION

214536501

1.) CORPORATION NAME:

C&S Engineers, Inc.

DUE DATE: **7/31/2014**

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**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	200,000

RICHMOND, VA

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.

		<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME:	JOHN D TRIMBLE		
TITLE:	P/COO		
ADDRESS:	499 COL. EILEEN COLLINS BLVD		
CITY/ST/ZIP/CO:	SYRACUSE, NY 13212		

		<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME:	ROBERT N. DUCLOS		
TITLE:	VICE PRESIDENT		
ADDRESS:	499 COL. EILEEN COLLINS BLVD.		
CITY/ST/ZIP/CO:	SYRACUSE, NY 13212		

		<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME:	ORRIN B. MACMURRAY		
TITLE:	VICE PRESIDENT		
ADDRESS:	499 COL. EILEEN COLLINS BLVD.		
CITY/ST/ZIP/CO:	SYRACUSE, NY 13212		

		<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME:	RONALD L PECKHAM		
TITLE:	VP/SEC		
ADDRESS:	499 COL. EILEEN COLLINS BLVD		
CITY/ST/ZIP/CO:	SYRACUSE, NY 13212		

		<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME:	JOHN F SPINA		
TITLE:	VICE PRESIDENT		
ADDRESS:	499 COL EILEEN COLLINS BLVD		
CITY/ST/ZIP/CO:	SYRACUSE, NY 13212		

		<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME:	MICHAEL J WALKER		
TITLE:	TREASURER		
ADDRESS:	499 COL. EILEEN COLLINS BLVD		
CITY/ST/ZIP/CO:	SYRACUSE, NY 13212		

NAME: ELLEN T LABERGE TITLE: ASST SECRETARY ADDRESS: 499 COL EILEEN COLLINS BLVD CITY/ST/ZIP/CO: SYRACUSE, NY 13212	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
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NAME: MAUREEN K. CLEGG TITLE: DIRECTOR ADDRESS: 499 COL. EILEEN COLLINS BLVD. CITY/ST/ZIP/CO: 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	7/23/2014
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.