

**2003 FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Mar 27, 2003 8:00 am**  
**Secretary of State**

03-27-2003 90091 047 \*\*\*150.00

**DOCUMENT # 348619**



1. Entity Name  
**ADMIRAL CORPORATION**

Principal Place of Business  
**EXECUTIVE OFFICE  
1 CORPORATE DRIVE  
PALM COAST FL 32151**

Mailing Address  
**4 WEST RED OAK LN  
C/O ITT INDUSTRIES, INC  
WHITE PLAINS NY 10604**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-1438029**

Applied For  
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

CHECK HERE IF MAKING CHANGES

**6. Name and Address of Current Registered Agent**

**7. Name and Address of New Registered Agent**

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

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 \_\_\_\_\_ (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**

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE	<b>P</b>	<input type="checkbox"/> Delete
NAME	<b>WURST, CHARLES</b>	
STREET ADDRESS	<b>4 WEST RED OAK LN</b>	
CITY-ST-ZIP	<b>WHITE PLAINS NY 10604</b>	
TITLE	<b>VS</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>CUFF, ROBERT G</b>	
STREET ADDRESS	<b>1 CORPORATE DR</b>	
CITY-ST-ZIP	<b>PALM COAST FL 32151</b>	
TITLE	<b>VP</b>	<input type="checkbox"/> Delete
NAME	<b>FRALEY, R. MICHEAL</b>	
STREET ADDRESS	<b>4 WEST RED OAK LN</b>	
CITY-ST-ZIP	<b>WHITE PLAINS NY 10604</b>	
TITLE	<b>AS</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>WILSON, ARLENE</b>	
STREET ADDRESS	<b>1 CORPORATE DR</b>	
CITY-ST-ZIP	<b>PALM COAST FL 32137</b>	
TITLE	<b>S</b>	<input type="checkbox"/> Delete
NAME	<b>STOLAR, KATHLEEN S</b>	
STREET ADDRESS	<b>4 WEST RED OAK LN</b>	
CITY-ST-ZIP	<b>WHITE PLAINS NY 10604</b>	
TITLE	<b>VP</b>	<input type="checkbox"/> Delete
NAME	<b>KANSKY, WILLIAM T</b>	
STREET ADDRESS	<b>4 WEST RED OAK LN</b>	
CITY-ST-ZIP	<b>WHITE PLAINS NY 10604</b>	

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS	
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TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: 3/20/03 Daytime Phone #: 914-641-2122

CR2E034 (10/02)