

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 821389

1. Entity Name

FIRST INVESTORS CORPORATION

FILED
Jan 20, 2000 8:00 am
Secretary of State

01-20-2000 90082 017 ***150.00

Principal Place of Business

Mailing Address

95 WALL STREET
NEW YORK NY 10005

581 MAIN STREET
WOODBIDGE NJ 07095-1104
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

13-2608328

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

UNITED STATES CORPORATION COMPANY
1201 HAYES ST.
STE. 105
TALLAHASSEE FL 32301

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE C
NAME HEAD, GLENN O
STREET ADDRESS 95 WALL STREET
CITY-ST-ZIP NEW YORK NY ☐ Delete

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

TITLE PD
NAME HECKER, MARVIN
STREET ADDRESS 95 WALL STREET
CITY-ST-ZIP NEW YORK NY ☐ Delete

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

TITLE SVP
NAME RINALDI, LOUIS
STREET ADDRESS 10 WOODBRIDGE CENTER DR.
CITY-ST-ZIP WOODBRIDGE NJ ☒ Delete

TITLE VP
NAME HEAD, KATHRYN S.
STREET ADDRESS 581 MAIN STREET
CITY-ST-ZIP WOODBRIDGE, NJ 07095 ☐ Change ☒ Addition

TITLE SVP
NAME FAUCI, LAWRENCE
STREET ADDRESS 95 WALL STREET
CITY-ST-ZIP NEW YORK NY ☐ Delete

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

TITLE SGC
NAME LAVOIE, LARRY R
STREET ADDRESS 95 WALL STREET
CITY-ST-ZIP NEW YORK NY ☐ Delete

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

TITLE T
NAME BENEDEK, JOSEPH I
STREET ADDRESS 10 WOODBRIDGE CENTER DR.
CITY-ST-ZIP WOODBRIDGE NJ ☒ Delete

TITLE T
NAME LIPKUS, WILLIAM M.
STREET ADDRESS 581 MAIN STREET
CITY-ST-ZIP WOODBRIDGE, NJ 07095 ☐ Change ☒ Addition

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

WILLIAM LIPKUS, CFO
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)