

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F94000002259

1. Entity Name

BUSH BOAKE ALLEN INC.

Principal Place of Business

Mailing Address

7 MERCEDES DR.
MONTVALE NJ 07645

7 MERCEDES DR.
MONTVALE NJ 07645-1815

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

13-2560391

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

C T CORPORATION SYSTEM
1200 S. PINE ISLAND RD.
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.

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 PD ☐ Delete
NAME BOYDEN, JULIAN W
STREET ADDRESS 815 SUSSEX ROAD
CITY-ST-ZIP FRANKLIN LAKES NJ

TITLE V ☐ Delete
NAME DUNLEA, JOHN
STREET ADDRESS 15A NASSIM RD. 01-05 NASSIM PARK
CITY-ST-ZIP SINGAPORE SI

TITLE V ☐ Delete
NAME BROWN, FRED W
STREET ADDRESS 11 BENJAMIN COURT
CITY-ST-ZIP WOODCLIFF LAKE NJ

TITLE V ☐ Delete
NAME EDWARDS, BRUCE J
STREET ADDRESS E TITHE BARN CHURCH END FELMERSHAM
CITY-ST-ZIP BEDFORDSHIRE EN

TITLE V ☐ Delete
NAME DUNDSON, JAMES H
STREET ADDRESS 53 HOLDEN WAY
CITY-ST-ZIP UPMINSTER ES

TITLE VS ☐ Delete
NAME MEANY, DENNIS M
STREET ADDRESS 39 RODNEY STREET
CITY-ST-ZIP GLEN ROCK NJ

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

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

TITLE ☐ Change ☐ Add
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CITY-ST-ZIP

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

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

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 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

1/12/00
Date

(202) 782-3368
Daytime Phone #

FILED
Feb 08, 2000 8:00 am
Secretary of State

02-08-2000 90056 023 ***150.00

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DO NOT WRITE IN THIS SPACE