

**2000 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Sep 07, 2000 8:00 am**  
**Secretary of State**

09-07-2000 90002 049 \*\*\*550.00

**DOCUMENT # F96000005137**

1. Entity Name   
**BLUE TEE CORP.**

Principal Place of Business      Mailing Address  
**250 PARK AVE S.. 2ND FLOOR**      **250 PARK AVE S.. 2ND FLOOR**  
**NEW YORK NY 10003**      **NEW YORK NY 10003**

2. Principal Place of Business      3. Mailing Address

Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State      City & State

Zip      Country      Zip      Country



DO NOT WRITE IN THIS SPACE

4. FEI Number **13-2925766**      Applied For  
 Not Applicable

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

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

**CORPORATION SERVICE COMPANY**  
**1201 HAYS STREET**  
**TALLAHASSEE FL 32301-2525**

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

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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 \$550.00**  
**After SEPTEMBER 13, 2000 Min. will be \$750.00**  
**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**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>COBD</b> <b>SECRET, RICHARD A</b> <b>96 PROSPECT HILL AVE</b> <b>SUMMIT NJ</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>CEO</b> <b>SECRET, RICHARD A</b> <b>96 PROSPECT HILL AVE</b> <b>SUMMIT NJ</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PDC</b> <b>KELLY, WILLIAM M</b> <b>349 STERLING RD</b> <b>HARRISON NY 10528</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>POLLAN, BERT</b> <b>1000 N. LAKE SHORE DR #2205</b> <b>CHICAGO IL</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VTS</b> <b>SMITH, GLENN A</b> <b>1370 JOHNSON DR</b> <b>WATCHUNG NJ 07060</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VCAS</b> <b>ALLODIAN, DAVID P</b> <b>641 POINT AVE</b> <b>BRICK NJ 08724</b>	<input type="checkbox"/> Delete

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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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:** *ASST CONTROLLER*  
*JERRY D'AURIA*      **7/6/00**      **598-0889**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #

CR2E034 (5/00)

Attachment doc #  
F96 00 000 5137  
DW83102

THE OFFICERS & DIRECTORS OF BLUE TEE CORP.

AS OF MAY 31, 2000

<u>TITLE</u>	<u>OFFICERS/DIRECTORS NAME:</u>	<u>SOCIAL SECURITY #</u>
<u>CHAIRMAN OF THE BOARD/ CHIEF EXECUTIVE OFFICER/DIRECTOR</u>	<u>MR. RICHARD A. SECRIST</u> 96 PROSPECT HILL AVENUE SUMMIT, N.J. 07901	266-68-6733
<u>PRESIDENT CHIEF OPERATING OFFICER / DIRECTOR</u>	<u>MR. WILLIAM M. KELLY</u> 349 STERLING ROAD HARRISON, NEW YORK 10528	073-38-5422
<u>VICE PRESIDENT/TREASURER/SECRETARY</u>	<u>MR. GLENN A. SMITH</u> 1370 JOHNSON DRIVE WATCHUNG, N. J. 07060	171-36-8671
<u>VICE PRESIDENT/CONTROLLER ASSISSTANT SECRETARY</u>	<u>MR. DAVID P. ALLDIAN</u> 641 POINT AVENUE BRICK, N. J. 08724	149-48-3430
<u>VICE PRESIDENT</u>	<u>MR. MICHAEL W. CALVERT</u> 2215 EAST GRAND AVENUE ENGLEWOOD, COLORADO 80110	258-66-4387
<u>VICE PRESIDENT</u>	<u>MR. JEFFREY P. SMITH</u> 52 AVENUE OF THE OAKS BEAUMONT, TEXAS 77703	450-74-9805
<u>ASST. CONTROLLER/ASST. SECRETARY/ ASSISSTANT TREASURER</u>	<u>MR. JERRY D'AURIA</u> 810 STATE HIGHWAY 34 MATAWAN, N.J. 07747	099-44-7106
<u>DIRECTOR</u>	<u>MR. BERT POLLAN</u> 1000 NORTH LAKE SHORE DRIVE, #2205 CHICAGO, ILLINOIS 60611	342-22-2378
<u>DIRECTOR</u>	<u>MR. ROBERT M. SONTHEIMER</u> 56 BEATRICE CIRCLE BELMONT, MA. 02478	055-32-2134
<u>DIRECTOR</u>	<u>MR. CHRISTOPHER GLYNN</u> CLIFFORDSHIRE HOUSE SELSLEY, NR. STROUD, GLOUCESTERSHIRE, GL5 5LB, ENGLAND	NON U.S. CITIZEN
<u>DIRECTOR</u>	<u>MR. L. M. PAUL</u> RT. 5, BOX 162 PINE ISLAND ROAD BEAUMONT, TEXAS 77713	436-40-5395