

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 31, 2000 8:00 am
Secretary of State

05-31-2000 90038 036 ***150.00

DOCUMENT # **F9700000 3832**
 1. Entity Name
GRAHAM-FIELD, INC.

Principal Place of Business Mailing Address
81 SPENCE STREET 81 SPENCE ST.
BAYSHORE NY 11706 BAYSHORE NY 11706-2206

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 **11-1820299** Applied For
 Not Applicable
 5. Certificate of Status Desired **\$8.75 Additional Fee Required**



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent
C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

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 _____ (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 \$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	VF <input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	TRENTACOSTA, JOSEPH	NAME	(SEE ATTACHED)
STREET ADDRESS	25 W. ELM ST	STREET ADDRESS	
CITY-ST-ZIP	GREENWICH CT 06830	CITY-ST-ZIP	
TITLE	VA <input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SCHERER, BARBARA	NAME	
STREET ADDRESS	98 W. GATE DR.	STREET ADDRESS	
CITY-ST-ZIP	HUNTINGTON NY 11743	CITY-ST-ZIP	
TITLE	VO <input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LIGUORI, RALPH	NAME	
STREET ADDRESS	699 TOWERS MEWS	STREET ADDRESS	
CITY-ST-ZIP	OAKDALE NY 11759	CITY-ST-ZIP	
TITLE	EVSM <input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WINOCUR, PETER	NAME	
STREET ADDRESS	14 WOODLEE RD.	STREET ADDRESS	
CITY-ST-ZIP	COLD SPRING HARBOR NY 11724	CITY-ST-ZIP	
TITLE	VGC <input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	KOTODNY, RICHARD	NAME	
STREET ADDRESS	44 SPRING CT.	STREET ADDRESS	
CITY-ST-ZIP	MUTTONTOWN NY 11791	CITY-ST-ZIP	
TITLE	P <input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SCHAWRTZ, JEFFERY	NAME	
STREET ADDRESS	41 ROSLYN CT.	STREET ADDRESS	
CITY-ST-ZIP	JEFFERSON NY 11777	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 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **X** *Jeffery Schawrtz* **SIGNATURE REQUIRED** **X** 6/1/00 **X** 516-439-4316
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)

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853777

GRAHAM-FIELD INC.

<u>Corporate Officers</u>	<u>Title</u>	<u>Address</u>
David Hilton	C/E/O	81 Spence Street, Bayshore New York 11706
Michael Joffred	C/F/O	81 Spence Street, Bayshore New York 11706
Larry de la Haba	Sr. Vice Pres.- Sales	81 Spence Street, Bayshore New York 11706
Bob Mealey	Sr. Vice Pres.- Operations	81 Spence Street, Bayshore New York 11706
Peter Winocur	Vice Pres. - Sales/Marketing	81 Spence Street, Bayshore New York 11706

<u>Directors</u>	<u>Address</u>
Thomas Opladen	81 Spence Street Bayshore, NY 11706
William Nicoletti	81 Spence Street Bayshore, NY 11706
Louis A. Lubrano	81 Spence Street Bayshore, NY 11706