

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 23, 2001 8:00 am
Secretary of State
 04-23-2001 90240 049 ***150.00

0442973

DOCUMENT # P06885

1. Entity Name
NORTHVILLE INDUSTRIES CORPORATION

Principal Place of Business 25 MELVILLE PARK RD. P.O. BOX 2937 MELVILLE NY 11747-7398 0398	Mailing Address 25 MELVILLE PARK RD. P.O. BOX 2937 MELVILLE NY 11747-7398 0398
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00051302



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address		4. FEI Number 11-1801730		Applied For	
Suite, Apt. #, etc.		Suite, Apt. #, etc.				Not Applicable	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
Zip	Country	Zip	Country				

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.

SIGNATURE _____ (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, 2001 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	PCD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BERNSTEIN, JAY H.		NAME		
STREET ADDRESS	26 PHEASANT RUN		STREET ADDRESS		
CITY-ST-ZIP	OLD WESTBURY NY		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BERNSTEIN, GENE M.		NAME		
STREET ADDRESS	39 THE OAKS		STREET ADDRESS		
CITY-ST-ZIP	ROSLYN NY		CITY-ST-ZIP		
TITLE	VPCF	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RIPP, PETER J.		NAME		
STREET ADDRESS	P.O. BOX 715, MARYNOLL DR.		STREET ADDRESS		
CITY-ST-ZIP	NEW VERNON NJ 07976		CITY-ST-ZIP		
TITLE	VS	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCCONAGHY, ELIZABETH A		NAME		
STREET ADDRESS	19 ST ANDREWS LANE		STREET ADDRESS		
CITY-ST-ZIP	GLEN COVE NY		CITY-ST-ZIP		
TITLE	CC	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LESSMANN, STEVEN A		NAME		
STREET ADDRESS	10 PIKE COURT		STREET ADDRESS	change to: 260 Asharoken Avenue	
CITY-ST-ZIP	NORTHPORT NY		CITY-ST-ZIP	Northport, NY 11768	
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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)(l), 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: Steven A. Lessmann Corporate Controller Steven A. Lessmann 631-753-4250

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)