2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 01, 2000 8:00 am
Secretary of State
02-01-2000 90078 040 ***150.00

DOCUMENT # P22638

1. Entity Name

BECK'S NORTH AMERICA, INC.

Principal Place of Business	Mailing Address
57 OLD POST ROAD #2 P.O. BOX 4000 GREENWICH CT 06830-0337 US	57 OLD POST ROAD #2 P.O. BOX 4000 GREENWICH CT 06830 US

00013761

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
One Station Place	PO Box 7120 007
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Stamford CT	City & State: Stamford CT
Zip: 06902 Country: USA	Zip: 06912 Country: USA

4. FEI Number: 06-1245378 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

THE PRENTICE-HALL CORPORATION SYSTEM, INC
1201 HAYS STREET
SUITE 105
TALLAHASSEE FL 32301

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 _____
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 / NAME / STREET ADDRESS / CITY-ST-ZIP	P YETMAN, WILLIAM J 443 SAWMILL RD STAMFORD CT 06903	☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VT ANGELO, THOMAS 141 BARLOW PLACE FAIRFIELD CT	☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	AS BARNARD, RONALD L 1500 ST MARKS COURT EVANSTON IL	☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S GILROY, LISA 30 GREENLAWN RD KATONAN NY 10607	☒ Delete	S Cappa, Tony 139 Hale Avenue White Plains, NY 10605	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP LAUGHLIN, LEO 268 CARRIAGE HILL DR AURORA IL 60506	☐ Delete		☐ Change ☐
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V MEYRER, RAINER 40 NORVEL LANE STAMFORD CT 06903	☐ Delete		☐ Change ☐

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: Tony Cappa, Secretary *Tony Cappa* 1/19/00 203-388-2325
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #