

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F95000000920

1. Entity Name
MOORE MEDICAL CORP.

Principal Place of Business

389 JOHN DOWNEY DR.
NEW BRITAIN CT 06050

Mailing Address

389 JOHN DOWNEY DR.
NEW BRITAIN CT 06050

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

22-1897821

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

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

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 \$550.00
After September 12, 2001 Fee 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE CFO
NAME HARPER, DAVID V MR
STREET ADDRESS 389 JOHN DOWNEY DR.
CITY-ST-ZIP NEW BRITAIN CT 06050 ☒ Delete

TITLE PD
NAME Linda m Autore
STREET ADDRESS 389 John Downey Dr
CITY-ST-ZIP New Britain, CT 06050 ☐ Change ☒ Addition

TITLE V
NAME KOLLMEYER, KENNETH S
STREET ADDRESS 389 JOHN DOWNEY DR.
CITY-ST-ZIP NEW BRITAIN CT 06050 ☒ Delete

TITLE D
NAME Christopher Brady
STREET ADDRESS 610 Fifth Ave 7th Floor
CITY-ST-ZIP New York, NY 10019 ☐ Change ☒ Addition

TITLE S
NAME GREENBERGER, JOSEPH
STREET ADDRESS 1370 AVE. OF AMERICAS, #2701
CITY-ST-ZIP NEW YORK NY 10019 ☐ Delete

TITLE D
NAME Steven Kotler
STREET ADDRESS 510 Madison Ave #5th St, 40th Floor
CITY-ST-ZIP New York, NY 10022 ☐ Change ☒ Addition

TITLE V
NAME BUCCHI, RICHARD A
STREET ADDRESS 389 JOHN DOWNEY DRIVE
CITY-ST-ZIP NEW BRITAIN CT 06050 ☒ Delete

TITLE D
NAME Wilmer J Thomas Jr.
STREET ADDRESS 101 Schlick Hill Rd
CITY-ST-ZIP Salisbury, CT 06068 ☐ Change ☒ Addition

TITLE D
NAME SUTRO, PETER C
STREET ADDRESS 389 JOHN DOWNEY DR.
CITY-ST-ZIP NEW BRITAIN CT 06050 ☐ Delete

TITLE D
NAME Dan Kwassong
STREET ADDRESS 178 EAB Plaza
CITY-ST-ZIP Uniondale, NY 11556 ☐ Change ☒ Addition

TITLE D
NAME STEELE, ROBERT H
STREET ADDRESS 389 JOHN DOWNEY DR.
CITY-ST-ZIP NEW BRITAIN CT 06050 ☐ Delete

TITLE CFO
NAME James R Simpson
STREET ADDRESS 389 John Downey Dr
CITY-ST-ZIP New Britain, CT 06050 ☐ Change ☒ 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 another like empowered.

SIGNATURE: *[Signature]* **SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED
Sep 10, 2001 8:00 am
Secretary of State

09-10-2001 90055 029 ***550.00



DO NOT WRITE IN THIS SPACE

0131555 AT

CR2E034 (5/01)

8/21/01

Daytime Phone #