

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

0144922 AB

DOCUMENT # F02000005119

1. Entity Name
U.S. DATA CAPTURE, INC.



FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
03 SEP 10 AM 8:00

Principal Place of Business
ONE FAWCETT PLACE
GREENWICH CT 06830

Mailing Address
ONE FAWCETT PLACE
GREENWICH CT 06830

2. Principal Place of Business

66 FIELD POINT ROAD

3. Mailing Address

66 FIELD POINT ROAD

Suite, Apt. #, etc.

4TH FLOOR

Suite, Apt. #, etc.

4TH FLOOR

City & State

GREENWICH CT

City & State

GREENWICH CT

Zip

06830

Country

USA

Zip

06830

Country

USA

☐ CHECK HERE IF MAKING CHANGES

MRS

4. FEI Number

13-3631398

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

BERIO, ROBIN
225 POTTER ROAD
WEST PALM BEACH FL 33405

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$550.00

After September 10, 2003 Fee will be \$750.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution.

☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PD
NAME GATOF, PETER
STREET ADDRESS 99 MAMARONECK ROAD
CITY-ST-ZIP SCARSDALE NY 10583 ☐ Delete

TITLE SD
NAME LITTMAN, EUGENE
STREET ADDRESS 67 SUSAN DRIVE
CITY-ST-ZIP NEWBURGH NY 12550 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE VICE PRESIDENT - V
NAME BONNIE GATOF
STREET ADDRESS 99 MAMARONECK ROAD
CITY-ST-ZIP SCARSDALE NY 10583 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

PETER GATOF

9/8/03

203 618 1360

Date

Daytime Phone #

CR2E034 (4/03)