

**DOCUMENT # 149548**  
 1. Entity Name  
**MAC CORPORATION**

**FILED**  
**Jan 16, 2001 8:00 am**  
**Secretary of State**

01-16-2001 90087 026 \*\*\*150.00

Principal Place of Business Mailing Address  
 % ROSE MARIE CHALEK % ROSE MARIE CHALEK  
~~11044 PINTO DRIVE~~ ~~11044 PINTO DRIVE~~  
 FOUNTAIN HILLS AZ 85268 FOUNTAIN HILLS AZ 85268



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 3. Mailing Address  
 508 B Harbor Rd 508 B Harbor Rd  
 Suite, Apt. #, etc. Suite, Apt. #, etc.  
 Cold Spring Harbor Cold Spring Harbor

City & State City & State  
 N.Y. Cold Spg. Har., N.Y.  
 Zip Country Zip Country  
 11724 U.S.A. 11724 U.S.A.

4. FEI Number **59-0672763** Applied For  
 Not Applicable  
 5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent  
 LOUIS FINE  
 6016 SW 13TH TERR  
 MIAMI FL 33144

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (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, 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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD CHALEK, ROSE MARIE <del>11044 PINTO DRIVE</del> <del>FOUNTAIN HILLS AZ</del> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST CHALEK, RICHARD 40 MAPLE AVENUE LOCUST VALLEY NY <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CHALEK, ROSE MARIE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 508 B HARBOR RD. COLD SPRING HARBOR N.Y.
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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 all other like empowered.

SIGNATURE: Rose Marie Chalek, President 1/16/01  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)