

2004 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 04, 2004 8:00 am
Secretary of State

05-04-2004 90120 033 ***150.00

DOCUMENT # 189306

1. Entry Name

BEN DISPOSITION, INC.



Principal Place of Business

Mailing Address

2. Principal Place of Business C/O INTERPUBLIC

1114 6th Avenue

3. Mailing Address

Suite, Apt. # etc

18th Floor - TAX department

Suite, Apt. # etc

City & State

New York, NY

City & State

4. FEI Number

59-0759562

Zip

10036

Country

U.S.A.

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

☒ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

THE PRENTICE-HALL CORPORATION SYSTEM, INC.

1201 HAYS STREET

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

SIGNATURE

Signature of the person filing this report must be typed and printed below the signature.

Signature of the person filing this report must be typed and printed below the signature.

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

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

11. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-STATE-ZIP	V Mason, Arthur M. 1270 Ave. of Americas New York, NY 10020	☐ Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	V Mason, Arthur M. 1114 6th Ave. 18th FLR. TAX DEPT. NEW YORK, NY 10036	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	SIV Hoey, Marge 1271 Ave. of Americas New York, NY 10020	☐ Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	SIV Hoey, Marge 1114 6th Ave. 18th FLR. TAX DEPT. NEW YORK, NY 10036	☒ Change ☐ Addition
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12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered. **ARTHUR MASON.**

SIGNATURE:

Arthur Mason

VICE PRESIDENT

4/30/04

(212) 621-5706

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone