

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 224388

1. Entity Name

LIVING COLOR FINANCIAL DISPLAYS INC

Principal Place of Business

ONE LAKE STREET
UPPER SADDLE RIVER NJ 07458

Mailing Address

C/O COWAN & ASSOCIATES
180 N LASALLE ST. STE 1922
CHICAGO IL 60601-2605

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

C/O Pearson Inc.

Suite, Apt. #, etc.

1330 Avenue of the Americas

City & State

New York, NY

Zip

10019

Country

USA

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

TITLE: EVD
NAME: LAVACCA, JOHN
STREET ADDRESS: ONE LAKE ST
CITY-ST-ZIP: UPPER SADDLE RIVER NJ 07458

TITLE: AS
NAME: FLEMENBAUM, ARIEH M
STREET ADDRESS: 180 N. LASALLE ST, STE 1922
CITY-ST-ZIP: CHICAGO FL 60601

TITLE: PD
NAME: JOVANOVIH, PETER
STREET ADDRESS: ONE LAKE ST
CITY-ST-ZIP: UPPER SADDLE RIVER NJ 07458

TITLE: D
NAME: DANCY, ROBERT L
STREET ADDRESS: ONE LAKE ST
CITY-ST-ZIP: UPPER SADDLE RIVER NJ 07458

TITLE:
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

TITLE:
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE: AS
NAME: Sayed, Shaheda
STREET ADDRESS: 1330 Avenue of the Americas
CITY-ST-ZIP: New York, NY 10019

TITLE: AS
NAME: Wharton, Tom
STREET ADDRESS: 1330 Avenue of the Americas
CITY-ST-ZIP: New York, NY 10019

TITLE:
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

TITLE:
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

TITLE:
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

TITLE:
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

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:

THOMAS P. WHARTON
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
Apr 18, 2000 8:00 am
Secretary of State

04-18-2000 90242 028 ***150.00



DO NOT WRITE IN THIS SPACE

4. FEI Number 59-0998975
Applied For ☐ Not Applicable ☐

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

CR2E034 (9/99)