

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 17, 2003 8:00 am
Secretary of State

01-17-2003 90140 007 ***150.00

DOCUMENT # 229744

1. Entity Name
STRAHL & PITSCHE, INC.



Principal Place of Business
**230 GREAT EAST NECK RD.
P.O. BOX 1098
WEST BABYLON NY 11704**

Mailing Address
**230 GREAT EAST NECK RD.
P.O. BOX 1098
WEST BABYLON NY 11704**

20011994



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **13-2526829**

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**PRENTICE-HALL CORPORATION SYSTEM, INC.
1201 HAYES ST.
STE. 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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

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 11

TITLE **CD** Delete
NAME **FRANCE, WILLIAM P**
STREET ADDRESS **60 LUCINDA DRIVE**
CITY-ST-ZIP **BABYLON NY**

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** Delete
NAME **LEVINSON, DANIEL**
STREET ADDRESS **ONE SEA SPRAY ROAD**
CITY-ST-ZIP **WESTPORT CT 06880**

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** Delete
NAME **SMALL, LAUREN COHEN**
STREET ADDRESS **8419 STEVENSON RD.**
CITY-ST-ZIP **BALTIMORE, M.D**

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **VCD** Delete
NAME **LIST, AUSTIN**
STREET ADDRESS **504W 130 SUNRISE AVE**
CITY-ST-ZIP **PALM BEACH FL 34480**

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** Delete
NAME **MACK, AARON**
STREET ADDRESS **976 SUMMIT AVE**
CITY-ST-ZIP **ST. PAUL MN**

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **P/D** Delete
NAME **DELUCA, WILLIAM E PRESIDE**
STREET ADDRESS **36 ROBERT CRESCENT**
CITY-ST-ZIP **STONY BROOK NY 11790**

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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.

SIGNATURE: _____

WILLIAM E DELUCA - President
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)