

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 29, 2003 8:00 am
Secretary of State

04-29-2003 90049 003 ***150.00

0618694 AT

DOCUMENT # 284357

1. Entity Name
TYPO-GRAPHICS INC



Principal Place of Business
**2602 E LIVINGSTON ST
ORLANDO FL 32803**

Mailing Address
**C/O APPLIED GRAPHICS TECH.
450 WEST 33RD STREET
NEW YORK NY 10001**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-1060489**

Applied For
Not Applicable

Zip

Country

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

**CT CORPORATION SYSTEM
C/O CT CORPORATION SYSTEM
1200 SOUTH PINE ISLAND RD.
PLANTATION FL 33324**

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 _____ (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 **V** ☐ Delete
NAME **BOSSMEYER, JAMES**
STREET ADDRESS **2602 E LIVINGSTON STREET**
CITY-ST-ZIP **ORLANDO FL 32803**

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

TITLE **P** ☐ Delete
NAME **NARDULLI, ELTORE**
STREET ADDRESS **6115 OFFICIAL ROAD**
CITY-ST-ZIP **CRYSTAL LAKE IL 60014**

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

TITLE **EVC** ☐ Delete
NAME **VECCHIOLLA, JOSEPH**
STREET ADDRESS **450 WEST 33RD STREET**
CITY-ST-ZIP **NEW YORK NY 10001**

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

TITLE **DEVS** ☐ Delete
NAME **KRALL, MARTIN D**
STREET ADDRESS **450 WEST 33RD STREET**
CITY-ST-ZIP **NEW YORK NY 10001**

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

TITLE **VPT** ☒ Delete
NAME **GRADY, PATRICK**
STREET ADDRESS **450 WEST 33RD STREET**
CITY-ST-ZIP **NEW YORK NY 10001**

TITLE **SUPCFO1** ☐ Change ☒ Addition
NAME **Torosian, Kenneth**
STREET ADDRESS **450 West 33rd Street**
CITY-ST-ZIP **New York, NY 10001**

TITLE **DC** ☐ Delete
NAME **DRASNER, FRED**
STREET ADDRESS **450 WEST 33RD STREET**
CITY-ST-ZIP **NEW YORK NY 10001**

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:

SIGNATURE REQUIRED

Martin D. Krall 4/25/03 212-210-6345

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)