

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 286888

1. Entity Name
CORE MARKETS, INC.

Principal Place of Business
800 SYLVAN AVE
ENGLEWOOD CLIFFS NJ 07632

Mailing Address
800 SYLVAN AVE
ENGLEWOOD CLIFFS NJ 07632

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 59-1090160

Applied For
Not Applicable

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

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
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.

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 \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE D
NAME PHILLIPS, ROBERT M
STREET ADDRESS 33 BENEDICT PLACE
CITY-ST-ZIP GREENWICH CT 06830 ☐ Delete

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

TITLE VSD
NAME KURTZ, MELVIN H
STREET ADDRESS 33 BENEDICT PLACE
CITY-ST-ZIP GREENWICH CT 06830 ☐ Delete

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

TITLE AS
NAME LEONARD, KENNETH C
STREET ADDRESS 33 BENEDICT PLACE
CITY-ST-ZIP GREENWICH CT 06830 ☐ Delete

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

TITLE AST
NAME KRANTZ, JOHN
STREET ADDRESS 800 SYLVAN AVE.
CITY-ST-ZIP ENGLEWOOD CLIFFS NJ 07632 ☐ Delete

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

TITLE PTD
NAME RICE, J.W.
STREET ADDRESS 390 PARK AVE
CITY-ST-ZIP NEW YORK NY 10022 ☐ Delete

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
Sep 07, 2000 8:00 am
Secretary of State

09-07-2000 90063 012 ***550.00



DO NOT WRITE IN THIS SPACE

CR2E034 (5/00)