

2001 UNIFORM BUSINESS REPORT (UBR)**FILED**
May 15, 2001 8:00 am
Secretary of State

05-15-2001 90036 048 ***150.00

DOCUMENT # 561912

1. Entity Name

ULTRACOM OF DADE COUNTY, INC.

Principal Place of Business

**290 HARBOR DR
STAMFORD CT 06902
US**

Mailing Address

**C/O TWC TAX DEPT.
PO BOX 6659
ENGLEWOOD CO 80155-6700****975103**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **23-2060410**

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

**CT CORPORATION SYSTEM
1200 S. 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 \$150.00
After MAY 1, 2001 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** ☐ Delete
NAME **BOGART, CHRISTOPHER P**
STREET ADDRESS **75 ROCKEFELLER PLAZA**
CITY-ST-ZIP **NEW YORK NY 10019**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE **VP** ☐ Delete
NAME **RIPP, JOSEPH A**
STREET ADDRESS **75 ROCKEFELLER PLAZA**
CITY-ST-ZIP **NEW YORK NY 10019**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE **V/D** ☐ Delete
NAME **HAYS, SPENCER B.**
STREET ADDRESS **75 ROCKEFELLER PLAZA**
CITY-ST-ZIP **NEW YORK NY 10019**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE **V** ☐ Delete
NAME **ALLAMAN, GAIL L.**
STREET ADDRESS **160 INVERNESS DR**
CITY-ST-ZIP **ENGLEWOOD CO 80112**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE **AT** ☐ Delete
NAME **KARAS, MARK L**
STREET ADDRESS **160 INVERNESS DR**
CITY-ST-ZIP **ENGLEWOOD CO 80112**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE **V** ☒ Delete
NAME **CHRISTIE, WARREN A.**
STREET ADDRESS **75 ROCKEFELLER PLAZA**
CITY-ST-ZIP **NEW YORK NY 10019**TITLE ☐ Change ☒ Addition
NAME **Thomas W. McEnerney**
STREET ADDRESS **75 Rockefeller Plaza**
CITY-ST-ZIP **New York, NY 10019**

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(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

Mark Karas**Asst. Treasurer**

Date

4/25/01

Daytime Phone #

303-799-1200

CR2E034 (10/00)