

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 636101

1. Entity Name

GENERAL SEMICONDUCTOR REMITTANCE PRODUCTS, INC.

FILED
Apr 03, 2000 8:00 am
Secretary of State

04-03-2000 90170 042 ***150.00

Principal Place of Business

Mailing Address

10 MELVILLE PARK RD
STE 1300
MELVILLE NY 11747
US

10 MELVILLE PARK RD
STE 1300
MELVILLE NY 11747-3146
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

11747-3113

Country

4. FEI Number 59-1965370

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

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, 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD
NAME OSTENTAG, RONALD A
STREET ADDRESS 10 MELVILLE PARK RD
CITY-ST-ZIP MELVILLE NY 11747 ☐ Delete

TITLE
NAME Ostentag, Ronald A ☒ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE VSD
NAME PAIGE, STEPHEN B
STREET ADDRESS 10 MELVILLE PARK RD
CITY-ST-ZIP MELVILLE NY 11747 ☐ Delete

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

TITLE S
NAME GANGE, ROBERT
STREET ADDRESS 10 MELVILLE PARK RD
CITY-ST-ZIP MELVILLE NY 11747 ☐ Delete

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

TITLE VTD
NAME CAGGIA, ANDREW M
STREET ADDRESS 10 MELVILLE PARK RD
CITY-ST-ZIP MELVILLE NY 11747 ☒ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

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:

Stephen B. Paige
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Vice President, Secretary & Director

3/27/00 516-847-3000
Daytime Phone #

CR2E034 (9/99)