

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 08, 2000 8:00 am
Secretary of State

05-08-2000 90126 049 ***150.00

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DO NOT WRITE IN THIS SPACE

DOCUMENT # 687915
 1. Entity Name
INTRESCO, INC.

Principal Place of Business Mailing Address
40 M.S. ETTINGEN 40 M.S. ETTINGEN
135 DUKYEA RD 135 DUKYEA RD
MELVILLE NY 11747 MELVILLE NY 11747

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 Applied For
65-0212721 Not Applicable
 5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
LT CORP SYSTEM
40 LT CORP SYSTEM
1200 SOUTH PINE ISLAND RD
PLANTATION FL 33324

7. Name and Address of New Registered Agent
 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

TITLE	<input type="checkbox"/> Delete
NAME	<u>OP BERGMAN, STANLEY</u>
STREET ADDRESS	<u>135 DUKYEA RD</u>
CITY-ST-ZIP	<u>MELVILLE NY 11747</u>
TITLE	<input type="checkbox"/> Delete
NAME	<u>DEVP BRESLAWSKI, JAMES P</u>
STREET ADDRESS	<u>135 DUKYEA RD</u>
CITY-ST-ZIP	<u>MELVILLE NY 11747</u>
TITLE	<input type="checkbox"/> Delete
NAME	<u>EXEC V.P. DIRECTOR PALADINO, STEVEN</u>
STREET ADDRESS	<u>135 DUKYEA RD</u>
CITY-ST-ZIP	<u>MELVILLE NY 11747</u>
TITLE	<input type="checkbox"/> Delete
NAME	<u>SECRETARY MICHAEL ETTINGEN</u>
STREET ADDRESS	<u>135 DUKYEA RD</u>
CITY-ST-ZIP	<u>MELVILLE NY 11747</u>

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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] Date: 4/18/00 Daytime Phone #

CR2E034 (9/99)