2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

812285 DOCUMENT



FILED Mar 20, 2003 8:00 am Secretary of State

NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME THOMAS, SCOTT H STREET ADDRESS CITY-ST-ZIP TITLE NAME RAU, RALPH E., JR. STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME RAU, RALPH E., JR. STREET ADDRESS CITY-ST-ZIP NAME RAU, RALPH E., JR. STREET ADDRESS CITY-ST-ZIP TITLE NAME RAUSS, WILLIAM G STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP BAYPORT NY TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	1. Entity Na. EDWIN E	B. STIMPSON COMPANY,	INC.		03-20-2003 90106 044 ***158.75	
Suite, Apt. #, etc. City & State City & Status Desired	900 SYLVAN	AVENUE	900 sylvan avenu			
City & State Country City Cit	Principal Place of Business 3. Mailing Address					
Zip Country Zip Country Sip Country Sip Country Signature Signatur	Suite, Apt. #, etc. Suite, Apt. #, e			☐ CHECK HERE IF MAKING CHANGES		
S. Name and Address of Current Registered Agent 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent VINTED STATES CORPORATION.COMPANY. 1201 HAYS STREET SUITE 105 TALLAHASSEE FI. 32301 City 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 Forida. I am familiar with, and so the obligations of registered agent. SIGNATURE FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Pospible to Florida Department of State 10. OFFICERS AND DIPECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIPECTORS IN 11 TILE INME SIRET ADDRESS FILE NOWARD C. SIPERT ADDRESS THOMAS, SCOTT H SIRET ADDRESS FILE NOWARD C. SIPERT ADDRESS SIPERT ADDRESS FOMPANO BEACH FL. SIPERT ADDRESS S	City & State		City & State		11-13/3230	
SUTE 105 TALLAHASSE FI. 32301 6. 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 so the obligations of registered agent. SIGNATURE FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Psyable to Florida Department of State 10.	Zip	Country	Zip	Country	5. Certificate of Status Desired 5 \$8.75 Addition	· · · · · · · · · · · · · · · · · · ·
UNITED STATES CORPORATION.COMPANY. 120 I HAYS STREET SUITE 105 TALLAHASSEE FL 32301 City FL Zip Code 6. The above named entity submits his statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and so the obligations of registered agent. SIGNATURE FILE NOWIT FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE NAME STRETA ADDRESS THOMAS, SCOTT H NAME THOMAS, SCOTT H THE NAME THOMAS STRETA ADDRESS CITY-ST-2P POMPANO BEACH FL TITLE THOMAS STREET ADDRESS CITY-ST-2P THOMAS STREET ADDRESS CITY-ST-2P THE NAME STREET ADDRESS CITY-ST-2P TITLE DEWALTERS, EDWARD J SON SYLVAN AVE. BAYPORT NY THE DEWALTERS, EDWARD J SON SYLVAN AVE. BAYPORT NY THE DEWALTERS, EDWARD J SON SYLVAN AVE. BAYPORT NY THE CITY-ST-2P THE STREET ADDRESS CITY-ST-2P TITLE DEWALTERS, EDWARD J SON SYLVAN AVE. BAYPORT NY THE CITY-ST-2P THE STRETA ADDRESS CITY-ST-2P TITLE DEWALTERS, EDWARD J SON SYLVAN AVE. BAYPORT NY THE CITY-ST-2P THE STRETA ADDRESS CIT		6. Name and Address of Currer	nt Registered Agent			
UNITED STATES CORPORATION COMPANY. 1201 HAYS STREET SUITE 105 TALLAHASSEE FL 32301 City FL Zip Code 8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Fiorida. I am familiar with, and an ite obligations of registered agent. SIGNATURE FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS ITIE NAME STREET ADDRESS CITY-51-2P POMPANO BEACH FL UD THOMAS, SCOTT H THE NAME STREET ADDRESS CITY-51-2P THE NAME STREET ADDRESS ST			<u> </u>	Name	Hand and Address of New Neglistered Agent	
8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and active obligations of registered agent. SIGNATURE Signature, typed or priented name of registered agent and table 4 apolicable. (NOTE, Registered Agent signature required when renations) DATE	1201 HAY	ys street	∀Y		ss (P.O. Box Number is Not Acceptable)	
8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and so the obligations of registered agent. SIGNATURE Signature. Yood or printed name of registered agent and title if applicable. FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 After May 1, 2003 Fee will be \$550.00 After May 1, 2003 Fee will be \$550.00 BITILE MAME AMALE ANALE AN	, tallaha	SSEE FL 32301		City	∵ Zip Code	
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NAME STREET ADDRESS CITY-ST-ZIP 12. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the informatic	NAME STREET ADDRESS CITY-ST-ZIP	ortific the at the indicators		NAME STREET ADDRESS CITY-ST-ZIP	•	Addition

indicated on this report or supplemental report is true and accurate and that 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:

3/12/03 (631) 472-2000 President & Chief Financial WFFines

Altachment

30036757

EDWIN B. STIMPSON COMPANY, INC. 900 SYLVAN AVENUE BAYPORT, NEW YORK 11705

OFFICERS AND DIRECTORS (Continued)

7.1	Title:	V/S/CFO/D
7.2	Name:	FORTMULLER, GEORGE A.
7.3	Address:	900 SYLVAN AVENUE
7.4	City, State, Zip:	BAYPORT, NY 11705
8.1	Title:	V/D
8.2	Name:	JOHN H. RAU
8.3	Address:	1515 S.W. 18 TH COURT
8.4	City, State, Zip:	POMPANO BEACH, FL 33069
9.1	Title:	EV/D
9.2	Name:	JAMES E. CUENIN
9.3	Address:	900 SYLVAN AVENUE
9.4	City, State, Zip:	BAYPORT, NY 11705
10.1	Title:	TREASURER
10.2	Name:	PETER ALBANO
10.3	Address:	900 SYLVAN AVENUE

10.4 City, State, Zip: BAYPORT, NY 11705