

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 06, 2002 8:00 am
Secretary of State

05-06-2002 90180 010 ***150.00

DOCUMENT # 816740

1. Entity Name
THE COMMONWEALTH PLAN, INC.

Principal Place of Business

**989 EAST HILLSIDE BLVD
 300
 FOSTER CITY CA 94404
 US**

Mailing Address

**989 EAST HILLSIDE BLVD
 300
 FOSTER CITY CA 94404
 US**

2. Principal Place of Business

450 Mamaroneck Ave

Suite, Apt. #, etc.

3. Mailing Address

450 Mamaroneck Ave

Suite, Apt. #, etc.

City & State

Harrison, NY

City & State

Harrison, NY

4. FEI Number

04-2261536

Applied For

Not Applicable

Zip

10528

Country

USA

Zip

10528

Country

USA

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

**CT CORPORATION SYSTEM
 1200 S. PINE ISLAND ROAD
 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, 2002 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 **V** ☐ Delete
 NAME **SPRATT, ROBERT B.**
 STREET ADDRESS **989 E. HILLSDALE BLVD**
 CITY-ST-ZIP **FOSTER CITY CA**

TITLE **VD** ☒ Delete
 NAME **BROWNE, E P**
 STREET ADDRESS **989 EAST HILLSDALE BLVD**
 CITY-ST-ZIP **FOSTER CITY CA**

TITLE **PTD** ☐ Delete
 NAME **MAGLETTA, SALVATORE J**
 STREET ADDRESS **450 MAMORNECK DR**
 CITY-ST-ZIP **HARRISON NY 10528**

TITLE **S** ☒ Delete
 NAME **SCHUBERT, JOSEPH B**
 STREET ADDRESS **989 E HILLSDALE BLVD**
 CITY-ST-ZIP **FOSTER CITY CA 94404**

TITLE **VPD** ☒ Delete
 NAME **MILLER, ROGER P**
 STREET ADDRESS **450 MAMARONECK DRIVE**
 CITY-ST-ZIP **HARRISON NY 10528**

TITLE **AVPT** ☒ Delete
 NAME **O'CONNOR, BRIAN**
 STREET ADDRESS **989 E. HILLSDALE BOULEVARD**
 CITY-ST-ZIP **FOSTER CITY CA 94404**

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **VD** ☐ Change ☒ Addition
 NAME **Frederick Becher**
 STREET ADDRESS **450 Mamaroneck Ave**
 CITY-ST-ZIP **Harrison, NY 10528**

TITLE **VD** ☐ Change ☒ Addition
 NAME **Edward S. Mundy**
 STREET ADDRESS **450 Mamaroneck Ave**
 CITY-ST-ZIP **Harrison, NY 10528**

TITLE **VS** ☐ Change ☒ Addition
 NAME **Curt A. Schultz**
 STREET ADDRESS **450 Mamaroneck Ave**
 CITY-ST-ZIP **Harrison, NY 10528**

TITLE **D** ☐ Change ☒ Addition
 NAME **Amirapu Somasekhar**
 STREET ADDRESS **450 Mamaroneck**
 CITY-ST-ZIP **Harrison, NY 10528**

TITLE **V** ☐ Change ☒ Addition
 NAME **Patrick C. Smith**
 STREET ADDRESS **250 Carpenter Freeway**
 CITY-ST-ZIP **Irving TX 75062**

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:

Patrick C. Smith SVP
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/26/02
 Date

(972) 652-3054
 Daytime Phone #

CR2E034 (9/01)