

# 2002 UNIFORM BUSINESS REPORT (UBR) *Bgm*

**FILED**  
**May 27, 2002 8:00 am**  
**Secretary of State**

05-27-2002 90331 040 \*\*\*150.00

**DOCUMENT # 817955**

1. Entity Name

**CORPORATE AMERICA REALTY, INC.**

Principal Place of Business

**250 CARPENTER FREEWAY  
 IRVING TX 75062  
 US**

Mailing Address

**250 CARPENTER FREEWAY  
 IRVING TX 75062  
 US**

2. Principal Place of Business

**105 Decker Drive**

Suite, Apt. #, etc.

3. Mailing Address

**213 Washington St.**

Suite, Apt. #, etc.

**8th Floor - TAx**

City & State

**Irving TX**

City & State

**Newark, NJ**

Zip

**75062**

Country

**USA**

Zip

**07102**

Country

**USA**

4. FEI Number

**22-1739577**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
 Fee Required**

6. Name and Address of Current Registered Agent

**C T CORPORATION 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, 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 NAME STREET ADDRESS CITY-ST-ZIP	<b>D. KINES, JOHN DR 250 E. CARPENTER FREEWAY IRVING TX</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DP WAYMAN, PETER H 250 E. CARPENTER FREEWAY IRVING TX</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D COSTAS, STEPHEN J 250 E. CARPENTER FREEWAY IRVING TX</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VT HUGHES, J.F. 250 E. CARPENTER FREEWAY IRVING TX</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>ASV FREDERICK, MICHAEL J 250 E CARPENTER FREEWAY IRVING TX 75062</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VPS WONG, MARTIN J 300 ST PAUL PLACE BALTIMORE MD 21202</b>	<input checked="" type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Pres + Director Margery Marshall 3333 Michelson Dr Irvine, CA 92612</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP + Secretary Michael E. Wasenius 200 Summit Lake Dr. Valhalla, NY 10595</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Treasurer C. Edward Chaplin 751 Broad St. Newark, NJ 07102</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Asst. Comptroller Dominic Fiore 213 Washington St. Newark, NJ 07102</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Asst. Comptroller Janice Pavlou 213 Washington St. Newark, NJ 07102</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Asst. Secretary Susanne Schaller 3333 Michelson Dr. Irvine, CA 92612</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> 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:

*Dominic Fiore* **Dominic Fiore** **4/25/2002**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CP2E034 (9/01)