

2002 UNIFORM BUSINESS REPORT (UBR)

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

05-06-2002 90180 004 ***150.00

DOCUMENT # 819051

1. Entity Name
BLC CORPORATION

Principal Place of Business

989 E HILLSIDE BLVD
300
FOSTER CITY CA 94404
US

Mailing Address

989 E 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

04-2377014

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
NAME
STREET ADDRESS
CITY-ST-ZIP
PTD
MAGLIETTA, SALVATORE J
450 MAMARNECK DR
HARRISON NY 10528

☐ Delete

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

☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
S
SCHUBERT, JOSEPH B
989 EAST HELLSDIME BLVD.
FOSTER CITY CA 94404

☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
V
SPRATT, ROBERT
989 E HILLSIDE BLVD
FOSTER CITY CA 94404

☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
AVPT
O'CONNOR, BRIAN
989 E HILLSIDE BLVD
FOSTER CITY CA 94404

☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VD
Frederic S. Becker
450 Mamaroneck Ave
Harrison, NY 10528

☐ Change ☒ Addition

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

☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
V
Patrick C. Smith
250 Carpenter Freeway
Irving TX 75062

☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

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:

Patrick C. Smith SVP 4/26/02 (972) 652-3054

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)