

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 14, 2003 8:00 am
Secretary of State

04-14-2003 90376 024 ***150.00

DOCUMENT # 819051

1. Entity Name
BLC CORPORATION



Principal Place of Business
**450 MAMARONECK AVE
HARRISON NY 10528
US**

Mailing Address
**450 MAMARONECK AVE
300
HARRISON NY 10528
US**

2. Principal Place of Business

3. Mailing Address

2506 Carpenter Freeway

Suite, Apt. #, etc.

A03-17

City & State

Irving, TX

Zip

75062

Country

US



☐ CHECK HERE IF MAKING CHANGES

4. FEI Number **04-2377014**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PTD	<input checked="" type="checkbox"/> Delete
NAME	MAGLIETTA, SALVATORE J	
STREET ADDRESS	450 MAMARNECK DR	
CITY-ST-ZIP	HARRISON NY 10528	
TITLE	VS	<input type="checkbox"/> Delete
NAME	SCHULTZ, CURT A	
STREET ADDRESS	450 MAMARNECK AVE	
CITY-ST-ZIP	HARRISON NY 10528	
TITLE	VD	<input type="checkbox"/> Delete
NAME	MUNDY, EDWARD S	
STREET ADDRESS	450 MAMARNECK AVE	
CITY-ST-ZIP	HARRISON NY 10528	
TITLE	V	<input type="checkbox"/> Delete
NAME	SMITH, PATRICK C	
STREET ADDRESS	250 CARPENTER FREEWAY	
CITY-ST-ZIP	IRVING TX 75062	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Ellen Alemany	
STREET ADDRESS	388 GREENWICH ST., 2nd Floor	
CITY-ST-ZIP	New York, NY 10043	
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		

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/8/03

Date

972-652-4000

Daytime Phone #

CR2E034 (10/02)