

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 06, 2000 8:00 am
Secretary of State
 03-06-2000 90032 042 ***150.00

DOCUMENT # 820086

1. Entity Name

THE SALVAGE ASSOCIATION (GREAT BRITIAN)

Principal Place of Business

Mailing Address

29 BROADWAY, 21ST FLOOR

Our New Address Is:

Our New Address Is:

**40 Fulton Street, 8th Floor
 New York, NY 10038**

**40 Fulton Street, 8th Floor
 New York, NY 10038**



Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State		City & State		4. FEI Number 13-5365275	Applied For <input type="checkbox"/> Not Applicable
Zip	Country	Zip	Country	5. Certificate of Status Desired <input type="checkbox"/>	\$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.

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) <input type="checkbox"/>	FILE NOW!!! FEE IS \$150.00 After MAY 1, 2000 Fee will be \$550.00 Make Check Payable to Department of State	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D VENTIHIGLIA, CANDIDA 29 BWAY NEW YORK NY	TITLE NAME STREET ADDRESS CITY-ST-ZIP	CONTROLLER CANDIDA VENTIMIGLIA 40 FULTON STREET NEW YORK, NY 10038
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P WILLIE, J. S. 29 B'WAY NEW YORK NY 10006	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT JOHN S. LILLIE 40 FULTON STREET NEW YORK NY 10038
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S POSPISCHIL, ALICE 29 BROADWAY NEW YORK NY 10006	TITLE NAME STREET ADDRESS CITY-ST-ZIP	40 FULTON STREET NEW YORK NY 10038
TITLE NAME 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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE 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: *Candida Ventimiglia* **REQUIRED** **CANDIDA T. VENTIMIGLIA** **2/3/2000** **(212) 785-1720**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)