

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 26, 2002 8:00 am
Secretary of State

02-26-2002 90107 046 ***150.00

DOCUMENT # 828853

1. Entity Name
SUPERIOR PRINTING INK CO., INC

Principal Place of Business Mailing Address
70 BETHUNE ST. **70 BETHUNE ST**
NEW YORK NY 10014 **NEW YORK NY 10014-768**
US **US**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

4. FEI Number Applied For
13-5422130 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.

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	V	<input type="checkbox"/> Delete
NAME	SIMONS, JEFFREY	
STREET ADDRESS	276 INDIAN TRAIL DR	
CITY-ST-ZIP	FRANKLIN LAKES NJ	
TITLE	P	<input type="checkbox"/> Delete
NAME	BRICE, HARVEY R	
STREET ADDRESS	70 BETHUNE ST	
CITY-ST-ZIP	NEW YORK NY 10014	
TITLE	D	<input type="checkbox"/> Delete
NAME	SIMONS, GERTRUDE	
STREET ADDRESS	100 SO. MIDDLE NECK RD.	
CITY-ST-ZIP	GREAT NECK, NY.	
TITLE	D	<input type="checkbox"/> Delete
NAME	HEILBRUN HELEN	
STREET ADDRESS	33 GATES CIRCLE	
CITY-ST-ZIP	BUFFALO, NY.	
TITLE	ADJUTANT GENERAL	<input type="checkbox"/> Delete
NAME	BRUCE, HARVEY R	
STREET ADDRESS	70 BETHUNE ST	
CITY-ST-ZIP	NEW YORK NY 10014	
TITLE	D	<input type="checkbox"/> Delete
NAME	SIMONS, JEFFREY	
STREET ADDRESS	276 INDIAN TRAIL DR	
CITY-ST-ZIP	FRANKLIN LAKES NJ	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: *[Signature]* **1/30/02** **212-741-3600**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)