

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 834797

1. Entity Name

THE PURDUE FREDERICK COMPANY

FILED
Feb 02, 2000 8:00 am
Secretary of State

02-02-2000 90015 024 ***150.00

Principal Place of Business

Mailing Address

100 CONNECTICUT AVE
NORWALK, CONNECTICUT 06850-3541

100 CONNECTICUT AVE
NORWALK, CONNECTICUT 06850-3541

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

36-2541557

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

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525

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, 2000 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	SD	<input type="checkbox"/> Delete
NAME	GREENE, MARTIN (ASST)	
STREET ADDRESS	72 WOOLEY LANE	
CITY-ST-ZIP	GREAT NECK NY	
TITLE	SACKLER, MORTIMER D	<input type="checkbox"/> Delete
NAME	ROOKS NEST LAMBOURN WOODLANDS	
STREET ADDRESS	NEWBURY BE	
CITY-ST-ZIP		
TITLE	PDT-	<input type="checkbox"/> Delete
NAME	SACKLER, RAYMOND	
STREET ADDRESS	100 CONNECTICUT AVENUE	
CITY-ST-ZIP	NORWALK CT	
TITLE	UDELL, HOWARD A.	<input type="checkbox"/> Delete
NAME	100 CONNECTICUT AVE.	
STREET ADDRESS	NORWALK CT	
CITY-ST-ZIP		
TITLE	SACKLER, MORTIMER D	<input type="checkbox"/> Delete
NAME	ROCKS NEST LAMBOURN WOODLANDS	
STREET ADDRESS	NEWBURY, BERKSHIRE	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	Chairman, Co-Chief Executive	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Officer, Secretary and Director	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	President, Co-Chief Executive	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Officer, Treasurer and Director	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	Executive Vice President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	Chairman-Co-Chief Executive	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Officer, Secretary and Director	
STREET ADDRESS		
CITY-ST-ZIP		
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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Howard R. Udell

1/24/2000

(203) 854-7020

Date

Daytime Phone #

CR2E034 (9/99)