

2000 UNIFORM BUSINESS REPORT (UBR)

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

02-02-2000 90017 017 ***150.00

DOCUMENT # 839256
 1. Entity Name
COSCO INDUSTRIES, INC.

Principal Place of Business 56 CHURCH STREET SPRING VALLEY NY 10977	Mailing Address 56 CHURCH STREET SPRING VALLEY NY 10977
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
City & State	City & State
Zip	Country



DO NOT WRITE IN THIS SPACE

4. FEI Number 13-2908456	Applied For <input type="checkbox"/>	Not Applicable <input type="checkbox"/>
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent PRENTICE-HALL CORPORATION SYSTEM, INC. 1201-HAYES ST. STE. 105 TALLAHASSEE FL 32301	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
 Signature, typed or printed name of registered agent and title if applicable.

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 D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME FINKELSTEIN, ROBERT		NAME	
STREET ADDRESS 17 SQUADRON BLVD		STREET ADDRESS	
CITY-ST-ZIP NEW CITY NY 10956		CITY-ST-ZIP	
TITLE CEO	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME SCHMIDT, ROBERT F.		NAME	
STREET ADDRESS 7220 W. WILSON AVENUE		STREET ADDRESS	
CITY-ST-ZIP HARWOOD HEIGHTS IL		CITY-ST-ZIP	
TITLE EVD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME SCHMIDT, ARTHUR W., III		NAME	
STREET ADDRESS 7150 BRYAN DAIRY ROAD		STREET ADDRESS	
CITY-ST-ZIP LARGO FL		CITY-ST-ZIP	
TITLE MD	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME SCHMIDT, ARTHUR W., JR		NAME	
STREET ADDRESS 100 HIGHWAY AVENUE		STREET ADDRESS	
CITY-ST-ZIP NANUET NY		CITY-ST-ZIP	
TITLE PD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME TITTLE, DAVID E.		NAME	
STREET ADDRESS 30 IVY HILL RD.		STREET ADDRESS	
CITY-ST-ZIP CHAPPAQUA NY		CITY-ST-ZIP	
TITLE STV	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME BECKER, PAUL L.		NAME	
STREET ADDRESS 6 LARKSPUR COURT		STREET ADDRESS	
CITY-ST-ZIP NEW CITY NY		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: Paul L. Becker **PAUL L. BECKER** 1/7/00 (914) 356-6000
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)