

**2001 UNIFORM BUSINESS REPORT (UBR)****FILED****Feb 19, 2001 8:00 am**  
**Secretary of State**

02-19-2001 90044 028 \*\*\*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**

2. Principal Place of Business

**80 Red Schoolhouse Road**

3. Mailing Address

**80 Red Schoolhouse Road**

Suite, Apt. #, etc.

**Suite 105**

Suite, Apt. #, etc.

**Suite 105**

City &amp; State

**Chestnut Ridge, NY**

City &amp; State

**Chestnut Ridge, NY**

4. FEI Number

**13-2908456**

Applied For

Not Applicable

Zip

Country

**10977-7052****US**

Zip

Country

**10977-7052****US**5. Certificate of Status Desired ☐**\$8.75 Additional**  
**Fees Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

**PRENTICE-HALL CORPORATION SYSTEM, INC.**  
**1201 HAYES ST.**  
**STE. 105**  
**TALLAHASSEE FL 32301**

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, 2001 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	NAME	STREET ADDRESS	CITY-ST-ZIP	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
<input type="checkbox"/> Delete	<b>D</b>	<b>FINKELSTEIN, ROBERT</b>	<b>17 SQUADRON BLVD</b> <b>NEW CITY NY 10956</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
<input type="checkbox"/> Delete	<b>CEOD</b>	<b>SCHMIDT, ROBERT F.</b>	<b>7220 W. WILSON AVENUE</b> <b>HARWOOD HEIGHTS IL</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
<input type="checkbox"/> Delete	<b>EVD</b>	<b>SCHMIDT, ARTHUR W., III</b>	<b>7150 BRYAN DAIRY ROAD</b> <b>LARGO FL</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
<input type="checkbox"/> Delete	<b>PD</b>	<b>TITTLE, DAVID E.</b>	<b>30 IVY HILL RD.</b> <b>CHAPPAQUA NY</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
<input type="checkbox"/> Delete	<b>STV</b>	<b>BECKER, PAUL L.</b>	<b>6 LARKSPUR COURT</b> <b>NEW CITY NY</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
<input type="checkbox"/> Delete				<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	<b>ATD</b>	<b>Alice D. Schmidt</b> <b>100 Highview Avenue</b> <b>Nanuet, NY 10954</b>	

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

Paul L. Becker

(845) 356-6000

Date

Daytime Phone #

CR2E034 (10/00)