

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 30, 2001 8:00 am
Secretary of State
 04-30-2001 90425 033 ***150.00

0575378

DOCUMENT # 842335

1. Entity Name

SLATTERY SKANSKA INC.

Principal Place of Business

16-16 WHITESTONE EXPWY
 1616 WHITESTONE EXPRESSWAY
 WHITESTONE NY 11357
 US

Mailing Address

16-16 WHITESTONE EXPWY
 1616 WHITESTONE EXPRESSWAY
 WHITESTONE NY 11357
 US

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 **11-2022618**

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

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, 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 ☐ Delete
 NAME **D GRAHAM, STUART E.**
 STREET ADDRESS **52 HARDCRABBLE RD.**
 CITY-ST-ZIP **MENDAM NJ**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME **T EVANS, BARRY W.**
 STREET ADDRESS **3 EVERT STREET**
 CITY-ST-ZIP **HUNTINGTON STATION NY**

TITLE ☒ Change ☐ Addition
 NAME **S.R. V. PRES-CFO**
 STREET ADDRESS **EVANS, BARRY W,**
 CITY-ST-ZIP **880 EAST MEADOW AVE,**
EAST MEADOW, N.Y. 11554

TITLE ☐ Delete
 NAME **P MANCINI, SALVATORE**
 STREET ADDRESS **345 HEATHCOTE RD**
 CITY-ST-ZIP **SCARSDALE NY**

TITLE ☒ Change ☐ Addition
 NAME **PRES**
 STREET ADDRESS **MANCINI, SALVATORE**
 CITY-ST-ZIP **11 LEISURE FARM DRIVE**
ARMONK, N.Y. 10504

TITLE ☐ Delete
 NAME **V RUSSO, RALPH V**
 STREET ADDRESS **159 BEACH 124TH ST**
 CITY-ST-ZIP **BELLE HARBOR NY 11694**

TITLE ☒ Change ☐ Addition
 NAME **S.R. V. PRES,**
 STREET ADDRESS **RUSSO, RALPH V,**
 CITY-ST-ZIP **123 BAYSIDE DRIVE**
ATLANTIC BEACH, N.Y. 11509

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ 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

BARRY W. EVANS

4-24-01

718-767-2600

Date

Daytime Phone #

CR2E034 (10/00)