

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 08, 2002 8:00 am
Secretary of State

05-08-2002 90147 043 ***150.00

DOCUMENT # 843552

1. Entity Name

NEEDMORE CORPORATION

Principal Place of Business

**654 MADISON AVE
 STE 1801
 NEW YORK NY 10021
 US**

Mailing Address

**654 MADISON AVE
 STE 1801
 NEW YORK NY 10021
 US**

2. Principal Place of Business

150 E. 57th STREET

3. Mailing Address

150 EAST 57th Street

Suite, Apt. #, etc.

Suite 16-E

Suite, Apt. #, etc.

Suite 16-E

City & State

New York NY

City & State

New York NY

Zip

10022

Country

USA

Zip

10022

Country

USA

4. FEI Number

13-2996677

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**THE PRENTICE-HALL CORPORATION SYSTEM INC.
 1201 HAYS STREET
 SUITE 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

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

TITLE NAME ☐ Delete
VST FUNK, HELENE
 STREET ADDRESS **654 MADISON AVE STE 1801**
 CITY-ST-ZIP **NEW YORK NY**

TITLE NAME ☐ Delete
V MOTTA, ROSE ANNE M
 STREET ADDRESS **654 MADISON AVE STE 1801**
 CITY-ST-ZIP **NEW YORK NY**

TITLE NAME ☐ Delete
PD LAGATTA, JOHN H O
 STREET ADDRESS **50 WEST LIBERTY STREET**
 CITY-ST-ZIP **RENO NV 89501**

TITLE NAME ☐ Delete
 STREET ADDRESS
 CITY-ST-ZIP

TITLE NAME ☐ Delete
 STREET ADDRESS
 CITY-ST-ZIP

TITLE NAME ☐ Delete
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME ☒ Change ☐ Addition
 STREET ADDRESS **150 EAST 57th Street Suite 16-E**
 CITY-ST-ZIP **New York NY 10022**

TITLE NAME ☒ Change ☐ Addition
 STREET ADDRESS **150 EAST 57th Street Suite 16-E**
 CITY-ST-ZIP **New York NY 10022**

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

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

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

TITLE NAME ☐ Change ☐ Addition
 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

ROSE ANNE MOTTA
 Vice President

4/30/02
 Date

212-751-6052
 Daytime Phone #

CR2E034 (9/01)