

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 849112

1. Entity Name

CONTINENTAL SECURITIES CORP. OF NEW YORK ✓

FILED
Aug 17, 2000 8:00 am
Secretary of State

08-17-2000 90106 018 ***550.00

Principal Place of Business

1 MONY PLAZA
SUITE 800
SYRACUSE NY 13202
US

Mailing Address

1 MONY PLAZA
SUITE 800
SYRACUSE NY 13202
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 16-1081651

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

CORPORATION INFORMATION SERVICES, INC.
1201 HAYES STREET
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 \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
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 PD ☐ Delete
NAME DAINO, ROBERT J
STREET ADDRESS 3359 E LAKE RD
CITY-ST-ZIP SKANEATELES NY

TITLE VDS ☐ Delete
NAME MARONEY, PATRICIA D
STREET ADDRESS 7379 COFFEEMILL CIR
CITY-ST-ZIP LIVERPOOL NY

TITLE VD ☐ Delete
NAME GRAINGER, BRADLEY R
STREET ADDRESS 12 HIGHGATE CIRCLE
CITY-ST-ZIP ITHACA NY

TITLE VD ☐ Delete
NAME CORP, ROBERT P.
STREET ADDRESS 1050 KILLOE RD
CITY-ST-ZIP BALDWINVILLE NY

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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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:

Robert P. Corp
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/14/00

Date

3154241994

Daytime Phone #

CR2E034 (5/00)