

**2001 UNIFORM BUSINESS REPORT (UBR)**

**DOCUMENT #** 849480  
 1. Entity Name  
**HIT PROMOTIONAL PRODUCTS, INC.**  
 Principal Place of Business Mailing Address  
 7150 BRYAN DAIRY RD 56 CHURCH STREET  
 LARGO, FLORIDA 34647 SPRING VALLEY NY 10977

2. Principal Place of Business 3. Mailing Address  
 7150 BRYAN DAIRY RD. 80 RED SCHOOLHOUSE RD.  
 Suite, Apt. #, etc. Suite, Apt. #, etc.  
 SUITE 105 SUITE 105

APPROVED AND FILED  
 01 NOV 13 PM 9:59  
 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

City & State City & State 4. FEI Number Applied For  
 LARGO, FLORIDA CHESTNUT RIDGE, NY 59-2095421 Not Applicable

Zip Country Zip Country 5. Certificate of Status Desired  \$8.75 Additional Fee Required  
 33777 US 10977-7052 US

6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent

PRENTICE-HALL CORPORATION SYSTEM, INC.  
 1201 HAYS ST.  
 SUITE 105  
 TALLAHASSEE, FLORIDA 32301

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 \_\_\_\_\_ DATE \_\_\_\_\_  
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.  **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	CEOD SCHMIDT, ARTHUR W III 7150 BRYAN DAIRY RD LARGO, FL 33777 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	800004689938 -11/20/01--01075--012 ***158.75 ***158.75 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VPD TITTLE, DAVID E 56 CHURCH ST SPRING VALLEY, NY 10977 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	VPD SCHMIDT, ROBERT F 7220 WEST WILSON AVE HARWOOD HEIGHTS, IL 60656 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	STVP BECKER, PAUL L 56 CHURCH ST SPRING VALLEY NY 10977 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	VPD TITTLE, DAVID E 80 RED SCHOOLHOUSE RD CHESTNUT RIDGE, NY 10977-7052 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	AS MEADOWS, GARY 7150 BRYAN DAIRY RD LARGO FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	STVP BECKER, PAUL L 80 RED SCHOOLHOUSE RD STE 105 CHESTNUT RIDGE, NY 10977-7052 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD SCHMIDT, ARTHUR W IV 7150 BRYAN DAIRY RD LARGO FL <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	CFOAS MEADOWS, GARY 7150 BRYAN DAIRY RD LARGO FL 33777 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition

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 11/9/01 845-356-6000  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #



## **Cosco Industries, Inc.**

80 RED SCHOOLHOUSE ROAD • SUITE 105 • CHESTNUT RIDGE, NEW YORK 10977-7052  
PHONE: (845) 356-6000 FAX: (845) 356-6757

EXECUTIVE OFFICES

November 9, 2001

Department of State  
Division of Corporations  
Uniform Business Report  
PO Box 6327  
Tallahassee, FL 32314

Re: 2001 Uniform Business Report  
Hit Promotional Products, Inc.  
Document # 849480

Dear Sir or Madam:

Please accept the enclosed Uniform Business Report as being timely filed. In addition, it is respectfully requested that the Reinstatement fee (Profit) be waived in the circumstances described.

All tax and legal filings on behalf of Hit Promotional Products, Inc. are performed and executed in New York. On or about April 1, 2000, the address from which such filings were made was changed from Spring Valley, NY to Chestnut Ridge, NY. This event occurred subsequent to the filing of the 2000 UBR and therefore the new mailing address information was not updated on that filing. It has only today come to our attention that the Secretary of State mailed the forms to the old address which were then returned to your office rather than being forwarded by the US Postal Service to our new address. Had we been aware of this situation, immediate action would have been taken to promptly file and pay all fees due, as our history of prompt filings would suggest.

Enclosed please find our remittance in the amount of \$158.75 (Certificate of Status Desired). Thank you in advance for your reinstatement of the qualified status of Hit Promotional Products, Inc. in the State of Florida.

Very truly yours,  
HIT PROMOTIONAL PRODUCTS, INC.

Paul L. Becker, Esq.  
Vice President & Secretary / Treasurer



ACCOUNT NO. : 072100000032  
REFERENCE : 374758 4319368  
AUTHORIZATION :  
COST LIMIT : \$ PPD

ORDER DATE : November 9, 2001  
ORDER TIME : 9:15 AM  
ORDER NO. : 374758-015  
CUSTOMER NO: 4319368  
CUSTOMER: Paul L. Becker, Esq  
Cosco Industries, Inc.  
80 Red Schoolhouse Road  
Suite 105  
Chestnut Ridge, NY 10977

ANNUAL REPORT FILING

NAME: HIT PROMOTIONAL PRODUCTS, INC.

XX ANNUAL REPORT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX PLAIN STAMPED COPY  
XX CERTIFICATE OF GOOD STANDING (DATED 11-14-01  
IF POSSIBLE)

CONTACT PERSON: Angie Glisar - Ext. 1124

EXAMINER'S INITIALS: \_\_\_\_\_

RECEIVED  
01 NOV 13 AM 9:44  
DIVISION OF CORPORATION

