

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

0701210 N

DOCUMENT # 849831

1. Entity Name
SONICS ASSOCIATES, INC.



FILED

03 MAY 29 PM 12:27

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business
2111 PARKWAY OFFICE CIRCLE
BIRMINGHAM AL 35244

Mailing Address
2525 SPEAKMAN DRIVE
MISSISSAUGA ON L5K-1B1
CD

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 63-0623302

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

THE PRENTICE-HALL CORPORATION SYSTEM INC.
1201 HAYS STREET
SUITE 105
TALLAHASSEE FL 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
CD
GELFOND, RICHARD L
1120 5TH AVENUE, APT 11A
NEW YORK NY 10028 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
200020562972
06/06/03--01010--039 **150.00 ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
WECHSLER, BRADLEY J
784 PARK AVENUE, APT 7B
NEW YORK NY 10021 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DVP
LISTER, ROBERT D
25 SCOTT DRIVE
WATCHUNG NJ 07069 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
S
RUBY, G. MARY
241 INGLEWOOD DRIVE
TORONTO, ONTARIO CA M4T- 1H8 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VPF
JOYCE, FRANCIS T
19 BRIANS WAY
PRINCETON JUNCTION NY 08550 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VP
MACNEIL, EDWARD
2075 PELEE BLVD
OAKVILLE ONTARIO CA L6H- 5N9 ☐ Delete

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

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MAY 15/03 905-403-6500
Date Daytime Phone #

CR2E034 (10/02)