

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 850200

1. Entity Name

CORNING NICHOLS INSTITUTE, INC.

FILED
Apr 26, 2000 8:00 am
Secretary of State

04-26-2000 90158 001 ***150.00

Principal Place of Business

Mailing Address

33608 ORTEGA HIGHWAY
SAN JUAN CAPISTRANO CA 92960
US

ONE MALCOLM AVE
TERERBOR NJ 07608-1011
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

95-2701802

Applied For

Not Applicable

Zip

Country

Zip

Country

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

CORPORATION SERVICE COMPANY
1201 HAYS STREET
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.

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, 2000 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 VPT ☐ Delete
NAME FINNEGAN, KENNETH
STREET ADDRESS ONE MALCOLM AVE
CITY-ST-ZIP TETERBORO NJ 07608

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

TITLE P ☐ Delete
NAME FREEMAN, KENNETH
STREET ADDRESS ONE MALCOLM AVE
CITY-ST-ZIP TETERBORO NJ 07608

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

TITLE VP ☐ Delete
NAME HAGEMANN, ROBERT
STREET ADDRESS ONE MALCOLM AVE
CITY-ST-ZIP TETERBORO NJ 07608

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

TITLE D ☒ Delete
NAME REYNOLDS, ALISTER
STREET ADDRESS ONE MALCOLM AVE
CITY-ST-ZIP TETERBORO NJ

TITLE PFD ☐ Change ☒ Addition
NAME SURYA MOHAPATRA
STREET ADDRESS ONE MALCOLM AVE
CITY-ST-ZIP TETERBORO, NJ 07608

TITLE AT ☐ Delete
NAME CALAMARI, STEPHEN A
STREET ADDRESS ONE MALCOLM AVE
CITY-ST-ZIP TETERBORO NJ

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

TITLE S ☐ Delete
NAME FARRENKOPF JR, LEO C
STREET ADDRESS ONE MALCOM AVE
CITY-ST-ZIP TERERBORO NJ

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 Required
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

STEPHEN A. CALAMARI, ATT

4/12/00

Date

Daytime Phone #

CR2E034 (9/99)