

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 23, 2001 8:00 am**  
**Secretary of State**  
 04-23-2001 90168 043 \*\*\*150.00

**DOCUMENT # 850200**

1. Entity Name

**CORNING NICHOLS INSTITUTE, INC.**

Principal Place of Business

**33608 ORTEGA HIGHWAY  
 SAN JUAN CAPISTRAND CA 92960  
 US**

Mailing Address

**ONE MALCOLM AVE  
 TERERBOR NJ 07608  
 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 **95-2701802**

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

**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, 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	VPT	<input checked="" type="checkbox"/> Delete
NAME	FINNEGAN, KENNETH	
STREET ADDRESS	ONE MALCOLM AVE	
CITY-ST-ZIP	TETERBORO NJ 07608	
TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	FREEMAN, KENNETH	
STREET ADDRESS	ONE MALCOLM AVE	
CITY-ST-ZIP	TETERBORO NJ 07608	
TITLE	VP	<input type="checkbox"/> Delete
NAME	HAGEMANN, ROBERT	
STREET ADDRESS	ONE MALCOLM AVE	
CITY-ST-ZIP	TETERBORO NJ 07608	
TITLE	PD	<input type="checkbox"/> Delete
NAME	SURYA, MOHAPATRA	
STREET ADDRESS	ONE MALCOLM AVE	
CITY-ST-ZIP	MAYWOOD NJ 07607	
TITLE	AT	<input type="checkbox"/> Delete
NAME	CALAMARI, STEPHEN A	
STREET ADDRESS	ONE MALCOLM AVE	
CITY-ST-ZIP	TETERBORO NJ	
TITLE	S	<input type="checkbox"/> Delete
NAME	FARRENKOPF JR, LEO C	
STREET ADDRESS	ONE MALCOLM AVE	
CITY-ST-ZIP	TERERBORO NJ	

TITLE	VPT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JOSEPH MANORY	
STREET ADDRESS	ONE MALCOLM AVE	
CITY-ST-ZIP	TETERBORO, NJ 07608	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

*Stephen A. Calamari*

**STEPHEN A. CALAMARI**  
**ASST. TREASURER**

Date

**201-393-5684**

Daytime Phone #

CR2E034 (10/00)