

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 91883 027 ***150.00

0615976
AT

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

1290 WALL STREET WEST

Suite, Apt. #, etc.

Suite, Apt. #, etc.

LYNDHURST NJ

City & State

City & State

07071

Zip

Country

Zip

Country

☐ CHECK HERE IF MAKING CHANGES

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. 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 **VPT** ☐ Delete
NAME **MANORY, JOSEPH**
STREET ADDRESS **ONE MALCOLM AVE**
CITY-ST-ZIP **TERERBORO NJ 07608**

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

TITLE **VPD** ☐ Delete
NAME **HAGEMANN, ROBERT**
STREET ADDRESS **ONE MALCOLM AVE**
CITY-ST-ZIP **TERERBORO NJ 07608**

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

TITLE **PD** ☐ Delete
NAME **SURYA, MOHAPATRA**
STREET ADDRESS **ONE MALCOLM AVE**
CITY-ST-ZIP **MAYWOOD NJ 07607**

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

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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: STEPHEN CALAMARI, VP-Tax 4/23/03 201-729-8440

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)