

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 07, 2000 8:00 am**  
**Secretary of State**

03-07-2000 90002 027 \*\*\*150.00

**DOCUMENT # 851293**

1. Entity Name

**RPI CORP.**

Principal Place of Business

Mailing Address

RAILROAD AVE  
 BOX 142  
 BEACON FALLS CT 06403

RAILROAD AVE  
 PO BOX 142  
 BEACON FALLS CT 06403-0142  
 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 **06-0996054**

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

**UNITED STATES CORPORATION COMPANY**  
**1201 HAYES ST.**  
**STE 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.

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	<b>S</b>	<input type="checkbox"/> Delete
NAME	<b>EMIL, ARTHUR D.</b>	
STREET ADDRESS	<b>240 CENTRE ST, APT. 3N,</b>	
CITY-ST-ZIP	<b>NEW YORK NY</b>	
TITLE	<b>P</b>	<input type="checkbox"/> Delete
NAME	<b>KIAM II, VICTOR K</b>	
STREET ADDRESS	<b>11097 ISLEBROOK COURT</b>	
CITY-ST-ZIP	<b>PALM BEACH FL</b>	
TITLE	<b>V</b>	<input type="checkbox"/> Delete
NAME	<b>KIAM III., VICTOR K.</b>	
STREET ADDRESS	<b>14 EAST 75TH STREET</b>	
CITY-ST-ZIP	<b>NEW YORK NY</b>	
TITLE	<b>T</b>	<input type="checkbox"/> Delete
NAME	<b>NOVAK, ALEX</b>	
STREET ADDRESS	<b>140 GREEN HILL ROAD</b>	
CITY-ST-ZIP	<b>MIDDLEBURY CT</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	<b>S/D</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	<b>C/D</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	<b>P/D</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	<b>V/CEO</b>	<input checked="" 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:

*Alex Novak*

**ALEX NOVAK**

**2/14/00**

**203-723-6664**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)