2002 Uniform Business Report (UBR)

Mar 14, 2002 8:00 am 852731 DOCUMENT # **Secretary of State** 1. Entity Name SEABURY & SMITH, INC. 03-14-2002 90017 007 ***150 00 Principal Place of Business Mailing Address 1466 AVENUE OF THE AMERICAS. S1ST FLOOR 1168 AVENUE OF THE AMERICAS, 31ST FLOOR NEW-YORK NY 10038 NEW YORK NY 10036 3. Mailing Address 2. Principal Place of Business Clo Harsh DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For City & State 4. FEI Number 13-3109248 Not Applicable Country \$8.75 Additional Zip 5. Certificate of Status Desired 10036 Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name CT CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable) 1200 S. PINE ISLAND ROAD PLANTATION FL 33324 Zip Code FL 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) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing **\$5.00** May Be After May 1, 2002 Fee will be \$550.00 *Tax filing requirement and elects to do so. \Box Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12. President / Director Change Addition TITLE 🔀 Delete TITLE MERCIER, CLAUDE Y NAME KIRKE DORWEILER NAME 1166 AVE OF THE AMERICAS STREET ADDRESS STREET ADDRESS 1776 West Lakes **NEW YORK NY** ऽ०**३**१ ४ CITY-ST-ZIP CITY-ST-ZIP ☐ Change Maddition ☐ Delete TITLE TITLE O'BRIEN, MARGARET NAME NAME 1166 AVE OF THE AMERICAS STREET ADDRESS STREET ADDRESS **NEW YORK NY 10036** CITY_ST_7IP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE SCHLINGBAUM, JEFF NAME NAME STREET ADDRESS 1166 AVE OF THE AMERICAS STREET ADDRESS **NEW YORK NY** CITY-ST-ZIP CITY-ST-ZIP DIRECTOR **Addition** D Delete TITLE TITLE MIGLIACCIO, GUY NAME NAME Karen Horn 1166 AVE OF THE AMERICAS STREET ADDRESS 1166 Ave of the americas STREET ADDRESS **NEW YORK NY 10036** CITY-ST-ZIP CITY-ST-ZIP Director ☐ Change Addition TITLE Delete TITLE HOPKINS, THOMAS R. NAME Susan Bass NAME of the americas 1166 AVE OF THE AMERICAS STREET ADDRESS STREET ADDRESS 1166 Ave

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

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

TITLE

SIGNATURE:

CITY-ST-ZIE

STREET ADDRESS

CITY-ST-ZIP

TITI F

NAME

NEW YORK NY

E AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

□ Delete

CR2E034 (9/01)

☐ Addition

Change