

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Mar 17, 2003 8:00 am
Secretary of State

03-17-2003 90712 035 ***150.00

DOCUMENT # 855877

1. Entity Name
BRUNSCHWIG & FILS, INC.



Principal Place of Business
**75 VIRGINIA ROAD
N WHITE PLAINS NY 10603**

Mailing Address
**75 VIRGINIA ROAD
N WHITE PLAINS NY 10603**



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 **13-1820704**

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

**THE PRENTICE-HALL CORPORATION SYSTEM INC.
1201 HAYS STREET
SUITE 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. 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	C	<input type="checkbox"/> Delete
NAME	PEARDON, THOMAS P., JR.	
STREET ADDRESS	ROCKY HILL ROAD	
CITY-ST-ZIP	BRIDGEWATER CT	
TITLE	C	<input type="checkbox"/> Delete
NAME	DOUGLAS, MURRAY B.	
STREET ADDRESS	35 EAST 67TH ST.	
CITY-ST-ZIP	NEW YORK NY	
TITLE	CFOT	<input type="checkbox"/> Delete
NAME	WILLIAMSON, RICHARD	
STREET ADDRESS	2 TINYWOOD RD	
CITY-ST-ZIP	DARIEN CT	
TITLE	SD	<input type="checkbox"/> Delete
NAME	FLAHERTY, JOHN	
STREET ADDRESS	258 PEACEABLE STREET	
CITY-ST-ZIP	RIDGEFIELD CT	
TITLE	D	<input type="checkbox"/> Delete
NAME	HORSEY, HENRY R.	
STREET ADDRESS	245 HANOVER ST	
CITY-ST-ZIP	ANNAPOLIS MD 21403	
TITLE	D	<input type="checkbox"/> Delete
NAME	HUMES, GRAHAM	
STREET ADDRESS	290 KING OF PRUSSIA RD, STE 322	
CITY-ST-ZIP	RADNOR PA 19087	

TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	P Mongiello Patrick
STREET ADDRESS	60 Taylor Rd
CITY-ST-ZIP	Mt Kisco, NY 10549
TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	D Vollenweider, Jean-Claude
STREET ADDRESS	26 Winthrop Drive
CITY-ST-ZIP	Riverside, CT 06878
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	

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:

Richard A. Williamson
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

RICHARD A. WILLIAMSON 3/10/03 914-684-5800

Date

Daytime Phone #

CR2E034 (10/02)