

**FILED**  
**Jun 19, 2001 8:00 am**  
**Secretary of State**

06-19-2001 90008 003 \*\*\*150.00

**2001 UNIFORM BUSINESS REPORT (UBR)**

**DOCUMENT # 856068 .**

1. Entity Name

**CALMA COMPANY**

Principal Place of Business

PO BOX 2216

SCHENECTADY, NY 12301

Mailing Address

PO BOX 2216

SCHENECTADY, NY 12301

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

06-1037612

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM

1200 S. PINE ISLAND ROAD

PLANTATION FL 33324

7. Name and Address of New Registered Agent

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

TITLE ☐ Delete

NAME **DC**  
STREET ADDRESS **James R. Bunt**  
CITY - ST - ZIP **3135 Easton Turnpike**  
**Fairfield CT 06431**

TITLE ☐ Delete

NAME **S**  
STREET ADDRESS **Judith Cerny**  
CITY - ST - ZIP **175 Curtner Ave**  
**San Jose, CA**

TITLE ☐ Delete

NAME **T**  
STREET ADDRESS **Lieberman, Herbert**  
CITY - ST - ZIP **4315 Metro Parkway**  
**Ft Myers**

TITLE ☐ Delete

NAME **AT**  
STREET ADDRESS **Gordon Johnson**  
CITY - ST - ZIP **4315 Metro Parkway**  
**Ft Myers**

TITLE ☐ Delete

NAME **VPAT**  
STREET ADDRESS **Mark E. Buchanan**  
CITY - ST - ZIP **12 Corporate Woods Blvd**  
**Albany, NY 12211**

TITLE ☐ Delete

NAME **AT**  
STREET ADDRESS **Pinder, Susan D**  
CITY - ST - ZIP **12 Corporate Woods Blvd**  
**Albany, NY 12211**

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

☐ Change ☐ Addition

TITLE ☐ Change ☐ Addition

NAME ☐ Change ☐ Addition

STREET ADDRESS ☐ Change ☐ Addition

CITY - ST - ZIP ☐ Change ☐ Addition

TITLE ☐ Change ☐ Addition

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TITLE ☐ Change ☐ Addition

NAME ☐ Change ☐ Addition

STREET ADDRESS ☐ Change ☐ Addition

CITY - ST - ZIP ☐ Change ☐ Addition

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 officers and directors.

SIGNATURE: **BARBARA A. MELITA**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #