

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 29, 2001 8:00 am
Secretary of State

01-29-2001 90165 028 ****61.25

DOCUMENT # 858144

1. Entity Name

SUPREME COUNCIL OF THE ROYAL ARCANUM, INC.

Principal Place of Business

61 BATTERYMARCH ST.
 BOSTON MA 02110

Mailing Address

61 BATTERYMARCH ST.
 BOSTON MA 02110

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

04-1885430

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

PAGANO, RICHARD A -----Deceased 12/00
 1040 SE 4TH AVE #332
 DEERFIELD BEACH FL 33441

Name: **Louis Brill**
 Street Address (P.O. Box Number is Not Acceptable)
5087-B Poppy Place
Delray Beach, FL 33484
 City **FL** Zip Code **33484**

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.

Louis Brill

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 \$61.25**

9. Election Campaign Financing
 Trust Fund Contribution. ☐

**\$5.00 May Be
 Added to Fees**

**Make Check Payable to
 Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **CD** ☐ Delete
 NAME **ROBERT, LAW H 111**
 STREET ADDRESS **80 BUSINESS PARK DR. #304**
 CITY-ST-ZIP **ARMONK NY 19010**

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

TITLE **D** ☐ Delete
 NAME **WILLIAMS, LLOYD E.**
 STREET ADDRESS **1337 MERRIMON AVE.**
 CITY-ST-ZIP **ASHEVILLE NC 28804**

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

TITLE **SD** ☐ Delete
 NAME **HALLINAN, JOSEPH E.**
 STREET ADDRESS **264 UPHAM ST.**
 CITY-ST-ZIP **MELROSE MA 02176**

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

TITLE **D** ☐ Delete
 NAME **FOLEY, DONALD G.**
 STREET ADDRESS **150 DRAPER LANE**
 CITY-ST-ZIP **DOBBS FERRY NY**

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

TITLE **D** ☐ Delete
 NAME **HEPFORD, H. JOSEPH**
 STREET ADDRESS **3408 CANBY STREET**
 CITY-ST-ZIP **HARRISBURG PA 17109**

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

TITLE **SD** ☐ Delete
 NAME **KOLEK, KENNETH J**
 STREET ADDRESS **9 ANGLE ST.**
 CITY-ST-ZIP **PAWTUCKET RI 02860**

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 617, 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.

Kenneth J. Kolek, Supreme Secretary

SIGNATURE:

SIGNATURE REQUIRED
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/10/01

Date

617-426-4135

Daytime Phone #

CR2E037 (10/00)