

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 23, 2002 8:00 am**  
**Secretary of State**

04-23-2002 90438 042 \*\*\*150.00

**DOCUMENT # F00000001002**

1. Entity Name  
**ARKWRIGHT INCORPORATED**

Principal Place of Business      Mailing Address  
**538 MAIN STREET**                      **538 MAIN STREET**  
**FISKEVILLE RI 02823**              **FISKEVILLE RI 02823**

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      Applied For  
**05-0161110**                       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

**C T CORPORATION SYSTEM**  
**1200 SOUTH PINE ISLAND ROAD**  
**PLANTATION FL 33324**

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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, 2002 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 NAME STREET ADDRESS CITY-ST-ZIP	<b>PD</b> <b>MARCIANO, JOSEPH R</b> <b>538 MAIN STREET</b> <b>FISKEVILLE RI 02823</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>See Attached</i> <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VS</b> <b>COLE, ROBERT M</b> <b>538 MAIN STREET</b> <b>FISKEVILLE RI 02823</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V</b> <b>CONFORTI, ROBERT</b> <b>538 MAIN STREET</b> <b>FISKEVILLE RI 02823</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V</b> <b>WHEELER, PHILLIP J</b> <b>538 MAIN STREET</b> <b>FISKEVILLE RI 02823</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V</b> <b>COLE, ROBERT</b> <b>538 MAIN STREET</b> <b>FISKEVILLE RI 02823</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V</b> <b>HEATH, JACK</b> <b>538 MAIN STREET</b> <b>FISKEVILLE RI 02823</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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 like empowered.

SIGNATURE: *Gary Ambrose*      **REQUIRED**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*4/4/02*  
 Date

Daytime Phone #

11029900

CR2E034 (9/01)



DO NOT WRITE IN THIS SPACE

**Arkwright Incorporated**  
**538 Main Street, Fiskeville, RI 02823**  
**05-0161110**

F00000001002  
 Attachment 6007439

<u>Name</u>	<u>Title</u>	<u>Home Address</u>
<b><u>Officers:</u></b>		
Joseph Marciano	President, CEO	115 Juniper Dr., E. Greenwich, RI 02818
Robert Cole	Vice President	116 Pine Tree Circle, N. Kingstown, RI 02852
Robert Conforti	Vice President	89 Day Lily Circle, Wakefield, RI 02879
John Heath	Vice President	173 Wildwood Ave, Madison, CT 06443
Vinay Marken	Vice President	5 Howland Farm Rd., E. Greenwich, RI 02818
Phillip Wheeler	Vice President	31 Cedar Pond Dr., Warwick, RI 02886
Gary Anderson	Controller	60 Knollwood Circle, N. Kingstown, RI 02852
Anthony Verducci	VP, CFO, Treasurer	6 Susan Elizabeth Dr, Johnston, RI 02919
Michael Scordino	Secretary	1N041 Partridge Drive, Carol Stream, IL 60188
Dan Sullivan	Assistant Secretary	53 Morgan Court, N. Kingstown, RI 02852
<b><u>Directors:</u></b>		
Dr. Giovanni B. Pelizzari	Chairman	132 E. Delaware #4804, Chicago, IL 60611
Joseph Marciano		115 Juniper Dr., E. Greenwich, RI 02818
<b><u>Business Address</u></b>		
M. Scordino, G. Pelizzari		Oce-USA Holding Inc 8600 W. Bryn Mawr Ave 6th Floor, N. Tower Chicago, IL 60631
All other Officers/Directors		
		Arkwright Inc 538 Main Street Fiskeville, RI 02823-0139