

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

FILED
Jun 20, 2002 8:00 am
Secretary of State

06-20-2002 90059 025 ***550.00

DOCUMENT # F00000003370

1. Entity Name

CS TECHNOLOGY, INC.

DO NOT WRITE IN THIS SPACE

870275

2. Principal Place of Business
535 EIGHTH AVENUE

3. Mailing Address

Suite, Apt. #, etc.
14TH FLOOR

Suite, Apt. #, etc.

City & State
NEW YORK, NY

City & State

4. FEI Number
22-3178108

Applied For
Not Applicable

Zip
10018

Country
USA

Zip

Country

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

7. Name and Address of Current Registered Agent

Name
CT CORPORATION SYSTEM

Street Address (P.O. Box Number is Not Acceptable)
1200 SOUTH PINE ISLAND ROAD

City
PLANTATION

FL

Zip Code
33324

**DO NOT WRITE
IN THIS SPACE**

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)

6-13-02

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.
(See criteria on back) ☒

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
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 NAME STREET ADDRESS CITY - ST - ZIP	PRESIDENT JOHN P. ROSATO 89 POWELL ROAD ALLENDALE, NJ 07401
TITLE NAME STREET ADDRESS CITY - ST - ZIP	EXEC MNG DIRECTOR MICHAEL LOMBARDI 1 BLACK OAK LANE FREEHOLD, NJ 07728
TITLE NAME STREET ADDRESS CITY - ST - ZIP	CHIEF FINANCIAL OFFICER DANIEL FINNEGAN 41-21 WESTMORELAND STREET LITTLE NECK, NY 11363
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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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

6-13-02 646-473-2480

CR2E034B (12/01)