

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 11, 2002 8:00 am
Secretary of State

02-11-2002 90042 012 ***150.00

DOCUMENT # F00000003465

1. Entity Name
PANAPAGE CO. INC.

Principal Place of Business

6219 DE SOTO AVENUE
WOODLAND HILLS CA 91367

Mailing Address

6219 DE SOTO AVENUE
WOODLAND HILLS CA 91367

2. Principal Place of Business

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

91-2020052

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525

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, 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

| | | |
|-----------------------|--------------------------------|---------------------------------|
| TITLE | DCEO | <input type="checkbox"/> Delete |
| NAME | FARRAND, JOHN S. | |
| STREET ADDRESS | 6219 DE SOTO AVENUE | |
| CITY-ST-ZIP | WOODLAND HILLS CA 91367 | |
| TITLE | VCFO | <input type="checkbox"/> Delete |
| NAME | SEYBOLD, SCOTT L | |
| STREET ADDRESS | 6219 DE SOTO AVENUE | |
| CITY-ST-ZIP | WOODLAND HILLS CA 91367 | |
| TITLE | V | <input type="checkbox"/> Delete |
| NAME | SCHWARTZ, BARRY F | |
| STREET ADDRESS | 35 EAST 62ND STREET | |
| CITY-ST-ZIP | NEW YORK NY 10021 | |
| TITLE | VS | <input type="checkbox"/> Delete |
| NAME | DICKES, GLENN P | |
| STREET ADDRESS | 38 EAST 63RD STREET | |
| CITY-ST-ZIP | NEW YORK NY 10021 | |
| TITLE | VAS | <input type="checkbox"/> Delete |
| NAME | KRAINMAN, KENNETH E | |
| STREET ADDRESS | 6219 DE SOTO AVENUE | |
| CITY-ST-ZIP | WOODLAND HILLS CA 91367 | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| | |
|-----------------------|---|
| 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 | |
| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)