

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 27, 2001 8:00 am
Secretary of State

04-27-2001 90281 031 ***150.00

DOCUMENT # F00000004047

1. Entity Name

F-P DISPLAYS, INC.

Principal Place of Business

**456 GLENBROOK DRIVE
STAMFORD CT 06906**

Mailing Address

**456 GLENBROOK DRIVE
STAMFORD CT 06906**

959420



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

PO Box 810

Suite, Apt. #, etc.

City & State

Amherst, NY

Zip

14226-0310

Country

USA

4. FEI Number **04-2843765**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**C T CORPORATION SYSTEM
1200 SOUTH 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	CD	<input checked="" type="checkbox"/> Delete
NAME	ALFIERO, SAL H	
STREET ADDRESS	501 JOHN JAMES AUDUBON PKWY.	
CITY-ST-ZIP	AMHERST NY 14228	
TITLE	P	<input type="checkbox"/> Delete
NAME	OLIVER, DAVID R	
STREET ADDRESS	501 JOHN JAMES AUDUBON PKWY.	
CITY-ST-ZIP	AMHERST NY 14228	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	MONTAGUE, WILLIAM	
STREET ADDRESS	501 JOHN JAMES AUDUBON PKWY.	
CITY-ST-ZIP	AMHERST NY 14228	
TITLE	VP	<input type="checkbox"/> Delete
NAME	COOK, FREDERIC L	
STREET ADDRESS	501 JOHN JAMES AUDUBON PKWY.	
CITY-ST-ZIP	AMHERST NY 14228	
TITLE	VPAS	<input checked="" type="checkbox"/> Delete
NAME	BYRNE, JOHN J	
STREET ADDRESS	501 JOHN JAMES AUDUBON PKWY.	
CITY-ST-ZIP	AMHERST NY 14228	
TITLE	AT	<input checked="" type="checkbox"/> Delete
NAME	BYRNE, JOHN J	
STREET ADDRESS	501 JOHN JAMES AUDUBON PKWY.	
CITY-ST-ZIP	AMHERST NY 14228	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	Vice President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Richard L. Grenolds	
STREET ADDRESS	501 John James Audubon	
CITY-ST-ZIP	Amherst, NY 14228	
TITLE	Secretary & Treasurer	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Mark G. Barberio	
STREET ADDRESS	501 John James Audubon Pkwy	
CITY-ST-ZIP	Amherst, NY 14228	
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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Frederic L. Cook, VP.

Date **3/26/01**

Daytime Phone #

716/639-4932

CR2E034 (10/00)