

2001 UNIFORM BUSINESS REPORT (UBR)

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0890458

DOCUMENT # F00000005619

1. Entity Name
CBP TECHNOLOGIES, INC.

FILED

01 MAR 28 PM 1:33

SECRETARY OF STATE



DO NOT WRITE IN THIS SPACE

Principal Place of Business
C/O USA INSURANCE SERVICES CORP.
50 CALIFORNIA STREET, 24TH FLOOR
SAN FRANCISCO CA 94111

Mailing Address
C/O USA INSURANCE SERVICES CORP.
50 CALIFORNIA STREET, 24TH FLOOR
SAN FRANCISCO CA 94111

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **22-3325321**

Applied For
Not Applicable

Zip Country

Zip Country

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

**CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525**

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	<input type="checkbox"/> Delete
NAME	MORANO, GREGORY	
STREET ADDRESS	150 NORTH 2ND STREET	
CITY-ST-ZIP	HAMMONTON NJ 08037	
TITLE	SD	<input type="checkbox"/> Delete
NAME	NEWBORN, ERNEST J II	
STREET ADDRESS	50 CALIFORNIA STREET, 24TH FLOOR	
CITY-ST-ZIP	SAN FRANCISCO CA 94111	
TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	PAUTLER, MICHAEL L	
STREET ADDRESS	50 CALIFORNIA STREET, 24TH FLOOR	
CITY-ST-ZIP	SAN FRANCISCO CA 94111	
TITLE	CD	<input type="checkbox"/> Delete
NAME	RUBINSTEIN, DOUGLAS J	
STREET ADDRESS	95 GLASTONBURY BLVD.	
CITY-ST-ZIP	GLASTONBURY CT 06033	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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	Treasurer	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Edward Bowler	
STREET ADDRESS	50 California St, 24th Fl.	
CITY-ST-ZIP	San Francisco CA 94111	
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		

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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 reports 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 to any address, with all other like empowered.

SIGNATURE:

[Handwritten Signature]

Ernest Newborn 3/21/01

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)

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ACCOUNT NO. : 072100000032
REFERENCE : 094368 7139998
AUTHORIZATION : Patricia Pizutto
COST LIMIT : \$ 150.00

ORDER DATE : March 27, 2001
ORDER TIME : 10:04 AM
ORDER NO. : 094368-015
CUSTOMER NO: 7139998
CUSTOMER: Ms. Linda Hart
Usi Holdings, Inc.
24th Floor
50 California Street
San Francisco, CA 94111

ANNUAL REPORT FILING

NAME: CBP TECHNOLOGIES, INC.

RECEIVED
01 MAR 28 AM 10:38
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

XX ANNUAL REPORT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

- CERTIFIED COPY
- XX PLAIN STAMPED COPY
- CERTIFICATE OF GOOD STANDING

CONTACT PERSON: SUSIE KNIGHT EXT 1156

EXAMINER'S INITIALS: _____