

2002 UNIFORM BUSINESS REPORT (UBR)

Paye list

0816412 AT

DOCUMENT # F00000005619

1. Entity Name
CBP TECHNOLOGIES, INC.

FILED

02 APR 26 PM 3:03

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



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: Suite, Apt. #, etc. City & State Zip Country

3. Mailing Address: Suite, Apt. #, etc. City & State Zip Country

4. FEI Number: **22-3325321** Applied For: Not Applicable:

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

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: _____ 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	
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 type="checkbox"/> Delete
NAME: BOWLER, EDWARD	
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: _____	

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: _____	

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: **ERNEST J NEWBORN, II** **1/28/02** **415-263-2105**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)



ACCOUNT NO. : 072100000032
 REFERENCE : 549650 7139998
 AUTHORIZATION : *Patricia Kyjuts*
 COST LIMIT : \$ 150.00

ORDER DATE : April 25, 2002
 ORDER TIME : 11:20 AM
 ORDER NO. : 549650-010
 CUSTOMER NO: 7139998
 CUSTOMER: Mr. Chad Wiechers
 Usi Holdings, Inc.
 24th Floor
 50 California Street
 San Francisco, CA 94111

ANNUAL REPORT FILING

NAME: CBP TECHNOLOGIES, INC.

XX ANNUAL REPORT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

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

CONTACT PERSON: Deborah Schroder - Ext. 1118

EXAMINER'S INITIALS: _____

RECEIVED
 02 APR 26 PM 12:11
 DIVISION OF CORPORATION