

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 29, 2002 8:00 am
Secretary of State

04-29-2002 90203 047 ***150.00

DOCUMENT # F00000006641

1. Entity Name

YELLOW BOOK USA, INC.

Principal Place of Business

**100 NORTH CENTRE AVENUE
ROCKVILLE CENTRE NY 11570**

Mailing Address

**100 NORTH CENTRE AVENUE
ROCKVILLE CENTRE NY 11570**

2. Principal Place of Business

193 EAB Plaza

3. Mailing Address

193 EAB Plaza

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Uniondale, NY

City & State

Uniondale, NY

Zip

11556

Country

Zip

11556

Country

4. FEI Number

52-2039067

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, 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 **CD** ☐ Delete
NAME **CONDON, JOHN**
STREET ADDRESS **QUEEN'S WALK**
CITY-ST-ZIP **READING, UK R61 7PT**

TITLE **PCEO** ☐ Delete
NAME **WALSH, JOSEPH**
STREET ADDRESS **100 NORTH CENTRE AVENUE**
CITY-ST-ZIP **ROCKVILLE CENTRE NY 11570**

TITLE **CFO** ☐ Delete
NAME **ZALAK, TIM**
STREET ADDRESS **100 NORTH CENTRE AVENUE**
CITY-ST-ZIP **ROCKVILLE CENTRE NY 11570**

TITLE **T** ☐ Delete
NAME **ROUSE, PAUL**
STREET ADDRESS **100 NORTH CENTRE AVENUE**
CITY-ST-ZIP **ROCKVILLE CENTRE NY 11570**

TITLE **AT** ☒ Delete
NAME **MORZORATI, LYNN**
STREET ADDRESS **4201 LEXINGTON AVE. NORTH**
CITY-ST-ZIP **ARDEN HILLS MN 11570**

TITLE **SD** ☒ Delete
NAME **VINOKOUR, JAN L**
STREET ADDRESS **40 EAST 52ND STREET**
CITY-ST-ZIP **NEW YORK NY 10022**

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **S** ☐ Change ☒ Addition
NAME **William Kracklauer**
STREET ADDRESS **193 EAB Plaza**
CITY-ST-ZIP **Uniondale, NY 11556**

TITLE ☒ Change ☐ Addition
NAME **193 EAB Plaza**
STREET ADDRESS **Uniondale, NY 11556**
CITY-ST-ZIP

TITLE ☒ Change ☐ Addition
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STREET ADDRESS **Uniondale, NY 11556**
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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ 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

Date

Daytime Phone #

CR2E034 (9/01)