

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 10, 2002 8:00 am**  
**Secretary of State**  
 05-10-2002 90039 044 \*\*\*150.00

**DOCUMENT # F01000000309**

**1. Entity Name**  
**BUNZL DISTRIBUTION NORTHEAST, INC.**

**Principal Place of Business**

**300 DUFFY AVENUE  
 HICKSVILLE NY 11801**

**Mailing Address**

**300 DUFFY AVENUE  
 HICKSVILLE NY 11801**

**2. Principal Place of Business**

Suite, Apt. #, etc.

City & State

Zip

Country

**3. Mailing Address**

**701 Emerson Road**

Suite, Apt. #, etc.

**Suite 500**

City & State

**St. Louis, MO**

Zip

**63141**

Country

**USA**

8



DO NOT WRITE IN THIS SPACE

**4. FEI Number**

**11-1949280**

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 PD** ☐ Delete  
**NAME LORENZINI, PAUL G**  
**STREET ADDRESS 701 EMERSON STE 500**  
**CITY-ST-ZIP ST LOUIS MO**

**TITLE VD** ☐ Delete  
**NAME BRASHER, MARK**  
**STREET ADDRESS 701 EMERSON STE 500**  
**CITY-ST-ZIP ST LOUIS MO**

**TITLE S** ☐ Delete  
**NAME LETT, DANIEL**  
**STREET ADDRESS 701 EMERSON STE 500**  
**CITY-ST-ZIP ST LOUIS MO**

**TITLE T** ☒ Delete  
**NAME LARMON, PATRICK**  
**STREET ADDRESS 701 EMERSON STE 500**  
**CITY-ST-ZIP ST LOUIS MO**

**TITLE AS** ☐ Delete  
**NAME QUIGLEY, ROBERT**  
**STREET ADDRESS 27 DISTRIBUTION WAY**  
**CITY-ST-ZIP MONMOUTH JUNCTION NJ**

**TITLE** ☐ Delete  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

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

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

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

**TITLE T** ☐ Change ☒ Addition  
**NAME Jane Jennewein**  
**STREET ADDRESS 701 Emerson, Ste. 500**  
**CITY-ST-ZIP St. Louis, MO 63141**

**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 REQUIRED** Daniel J. Lett

4/30/02

(314) 997-5959

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)