

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 05, 2002 8:00 am**  
**Secretary of State**  
 03-05-2002 90147 022 \*\*\*150.00

0576563 AT

**DOCUMENT # F01000003713**

1. Entity Name

**DISTRIBUTION FUNDING II INC.**

Principal Place of Business

**400 WEST MAIN STREET, SUITE 338  
 BABYLON NY 11702**

Mailing Address

**400 WEST MAIN STREET, SUITE 338  
 BABYLON NY 11702**

2. Principal Place of Business

3. Mailing Address

**445 Breadhollow Road**

**Same**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**Suite 224**

City & State

City & State

**melville NY**

Zip

Country

Zip

Country

**11747**

**U.S.A.**

4. FEI Number

Applied For

**22-3803156**

Not Applicable

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

**LEXIS DOCUMENT SERVICES INC.  
 3953 W.W. KELLEY ROAD  
 TALLAHASSEE FL 32311**

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PD** ☐ Delete  
 NAME **STIDD, ANDREW L**  
 STREET ADDRESS **400 WEST MAIN STREET, SUITE 338**  
 CITY-ST-ZIP **BABYLON NY 11702**

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

TITLE **VD** ☐ Delete  
 NAME **BURNS, KEVIN P**  
 STREET ADDRESS **114 WEST 47TH STREET, SUITE 1715**  
 CITY-ST-ZIP **NEW YORK NY 10036**

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

TITLE **S** ☐ Delete  
 NAME **BILOTTA, FRANK B**  
 STREET ADDRESS **114 WEST 47TH STREET, SUITE 1715**  
 CITY-ST-ZIP **NEW YORK NY 10036**

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

TITLE **AT** ☐ Delete  
 NAME **WONG, TONY**  
 STREET ADDRESS **114 WEST 47TH STREET, SUITE 1715**  
 CITY-ST-ZIP **NEW YORK NY 10036**

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

TITLE **D** ☐ Delete  
 NAME **ANGELO, BERNARD J**  
 STREET ADDRESS **400 WEST MAIN STREET, SUITE 338**  
 CITY-ST-ZIP **BABYLON NY 11702**

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

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

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

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

**Andrew L. Stidd  
 President**

Date

Daytime Phone #

**2/8/02**

**631 527 4700**

CR2E034 (9/01)