

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 21, 2003 8:00 am
Secretary of State

0118465
AT

08-21-2003 90108 002 ***550.00

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1. Entity Name
MCROBERTS PROTECTIVE AGENCY, INC.



Principal Place of Business
**13 SOUTH WILLIAM STREET
NEW YORK NY 10004**

Mailing Address
**13 SOUTH WILLIAM STREET
NEW YORK NY 10004**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **13-5240158**

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**NATIONAL CORPORATE RESEARCH, LTD., INC.
103 N. MERIDIAN STREET
TALLAHASSEE FL 32301-0000**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$550.00
After September 10, 2003 Fee will be \$750.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETE	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	CHANGE	ADDITION
CP	MCROBERTS, MEREDITH	13 SOUTH WILLIAM STREET	NEW YORK NY 10004	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
D	STEIN, NANCY	13 SOUTH WILLIAM STREET	NEW YORK NY 10004	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
D	LUTZ, MICHAEL	13 SOUTH WILLIAM STREET	NEW YORK NY 10004	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
ST	DEVILLERS, PHIL	13 SOUTH WILLIAM STREET	NEW YORK NY 10004	<input checked="" type="checkbox"/>	ST	JEFFREY J. CHLUDZINSKI	13 SOUTH WILLIAM STREET	NEW YORK, NY 10004	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

[Handwritten Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (4/03)