

2000 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # F92000001006**

1. Entity Name

BUTLER SERVICES OF DELAWARE, INC.**FILED**
Jan 25, 2000 8:00 am
Secretary of State

01-25-2000 90105 004 ***150.00

Principal Place of Business

Mailing Address

**110 SUMMIT AVENUE
MONTVALE NJ 07645****110 SUMMIT AVENUE
MONTVALE NJ 07645-1712**

00001247



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

22-2765420

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324**

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, 2000 Fee will be \$550.00
Make Check Payable to Department of State10. 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
NAME
STREET ADDRESS
CITY-ST-ZIP**D**☐ Delete**KOPKO, EDWARD M
7 FOREST RIDGE ROAD
UPPER SADDLE RV. NJ**TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP**D**☐ Delete**KOPKO, FREDERICK H
4901 SOUTH ELLIS
CHICAGO IL**TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP**D**☐ Delete**MCBREEN, HUGH G
2150 N. LINCOLN PARK
CHICAGO IL**TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP**D**☐ Delete**HEGARTY, JOHN F
21 HUNTING RIDGE
BROOKFIELD CT**TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP**VP**☐ Delete**BRECHT, WARREN F
23 TALLMAN AVENUE
NYACK NY**TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP**VPAS**☐ Delete**MOHAN, PETER J.
17 BLOSSOM ROAD
SUFFERN NY**TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
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

Date

(201) 573-8000
Daytime Phone #