

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F93000000775

1. Entity Name

GREAT LAKES COLLECTION BUREAU INC.

FILED
Apr 26, 2001 8:00 am
Secretary of State

04-26-2001 90088 044 ***150.00

Principal Place of Business

45 OAK ST.
BUFFALO NY 14203

Mailing Address

45 OAK ST.
BUFFALO NY 14203

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 **16-1037524**

Applied For

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

THE PRENTICE-HALL CORPORATION SYSTEM INC.
110 NORTH MAGNOLIA STREET
TALLAHASSEE FL 32301

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 re-appointing)

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, 2001 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 WAHL, JEFFREY S
STREET ADDRESS 45 OAK STREET
CITY-ST-ZIP BUFFALO NY 14203

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

TITLE T ☒ Delete
NAME SURBER, RICHARD D
STREET ADDRESS 45 OAK STREET
CITY-ST-ZIP BUFFALO NY 14203

TITLE T ☐ Change ☒ Addition
NAME Holly E. Solitro
STREET ADDRESS 45 Oak Street
CITY-ST-ZIP Buffalo, NY 14203

TITLE VP ☐ Delete
NAME HUNZIKER JR, PAUL R
STREET ADDRESS 45 OAK STREET
CITY-ST-ZIP BUFFALO NY 14203

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

TITLE D ☐ Delete
NAME STEWART, EDWARD D
STREET ADDRESS 1600 SUMMER STREET
CITY-ST-ZIP STAMFORD CT 06927

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

TITLE S ☐ Delete
NAME FITT, BENJAMIN J
STREET ADDRESS 45 OAK ST
CITY-ST-ZIP BUFFALO NY 14203

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

TITLE D ☐ Delete
NAME COLE, RICHARD
STREET ADDRESS 260 LONG RIDGE ROAD
CITY-ST-ZIP STAMFORD CT 06927

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:

Benjamin J. Fitt

Benjamin J. Fitt, Secy 4/20/01

716-848-4102

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)