

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 13, 2000 8:00 am
Secretary of State
 05-13-2000 90011 033 ***150.00

DOCUMENT # F93000002036

1. Entity Name
PENCOM SYSTEMS INCORPORATED

Principal Place of Business
**FUTON ST
 YORK NY 10038**

Mailing Address
**40 FULTON ST
 NEW YORK NY 10038-1850
 US**

2. Principal Place of Business
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

City & State
 Zip

City & State
 Zip

4. FEI Number **13-2742382**

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
**THE PRENTICE-HALL CORPORATION SYSTEM INC.
 1201 HAYS STREET
 SUITE 105
 TALLAHASSEE FL 32301**

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 _____ (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 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	VD	<input checked="" type="checkbox"/> Delete	TITLE	VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MARKMAN, STEPHEN		NAME	Joy Venegas	
STREET ADDRESS	71 ROCKLEDGE DR		STREET ADDRESS	18-15 215 th Street Apt 4M	
CITY-ST-ZIP	LIVINGSTON NJ		CITY-ST-ZIP	Bayside, NY 11360	
TITLE	PD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SAADI, WADE E		NAME		
STREET ADDRESS	93 80TH ST		STREET ADDRESS		
CITY-ST-ZIP	BROOKLYN NY 11209		CITY-ST-ZIP		
TITLE	VD	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WALLACE, JONATHAN D		NAME		
STREET ADDRESS	166 CLINTON ST		STREET ADDRESS		
CITY-ST-ZIP	BROOKLYN NY 11201		CITY-ST-ZIP		
TITLE	VTD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SAADI, EDGAR G		NAME		
STREET ADDRESS	1497 LAKE SHORE CIRCLE		STREET ADDRESS		
CITY-ST-ZIP	SAN JOSE CA 95131		CITY-ST-ZIP		
TITLE	VSD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ATEYEH, EDWARD C		NAME		
STREET ADDRESS	1937 RUE DE Z ST, TROPEZ #13		STREET ADDRESS		
CITY-ST-ZIP	AUSTIN TX 78746		CITY-ST-ZIP		
TITLE	V	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KURTZMAN, KEVIN		NAME		
STREET ADDRESS	6 ELM STREET		STREET ADDRESS		
CITY-ST-ZIP	WOODBURY NY 11797		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: Joy Venegas **JOY VENEGAS** 4/26/2000 (212) 513-7777

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)