

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 08, 2000 8:00 am
Secretary of State

02-08-2000 90048 040 ***150.00

DOCUMENT # F93000003005

1. Entity Name

INDEPENDENT FINANCIAL MARKETING GROUP, INC.

Principal Place of Business

Mailing Address

100 MANHATTANVILLE RD
 PURCHASE NY 10577
 US

100 MANHATTANVILLE RD
 PURCHASE NY 10577-2134
 US

B0016461



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

13-3585648

Applied For

Not Applied For

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

THE PRENTICE-HALL CORPORATION SYSTEM, INC.
1201 HAYES ST.
STE 106
TALLAHASSEE FL 32301

Name **CT CORPORATION SYSTEM**

Street Address (P.O. Box Number is Not Acceptable)
1200 S. PINE ISLAND ROAD

City **PLANTATION**

FL

Zip Code **33321**

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

Vicky Goldstein

VICKY GOLDSTEIN
SPECIAL ASSISTANT SECRETARY

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 State

10. Election Campaign Financing Trust Fund Contribution. ☐

\$5.00 May Added to Fee

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **CPD** ☒ Delete
 NAME **KAPLAN, DENIS**
 STREET ADDRESS **309 BLACKBERRY DRIVE**
 CITY-ST-ZIP **STAMFORD CT**

TITLE **PD** ☒ Change ☒
 NAME **SPADAFORA, ROBERT**
 STREET ADDRESS **100 MANHATTANVILLE ROAD**
 CITY-ST-ZIP **PURCHASE, NY 10577**

TITLE **ST** ☐ Delete
 NAME **MICKENBERG, CLIFF**
 STREET ADDRESS **7 EVANS PL**
 CITY-ST-ZIP **ARMONK NY**

TITLE **VPST** ☒ Change ☐
 NAME **MICKENBERG, CLIFF**
 STREET ADDRESS **100 MANHATTANVILLE ROAD**
 CITY-ST-ZIP **PURCHASE, NY 10577**

TITLE **EVP** ☐ Delete
 NAME **RIPEPI, BRUCE F**
 STREET ADDRESS **100 MANHATTANVILLE RD**
 CITY-ST-ZIP **PURCHASE NY**

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

TITLE **D** ☐ Delete
 NAME **MERRIT C, ALLEN JR**
 STREET ADDRESS **600 ATLANTIC AVE**
 CITY-ST-ZIP **BOSTON MA 02210-2214**

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

TITLE **D** ☒ Delete
 NAME **HANSEN J, SCOTT**
 STREET ADDRESS **600 ATLANTIC AVE**
 CITY-ST-ZIP **BOSTON MA 02210-2214**

TITLE **D** ☐ Change ☒
 NAME **POLHEMUS, JAMES J.**
 STREET ADDRESS **100 MANHATTANVILLE ROAD**
 CITY-ST-ZIP **PURCHASE, NY 10577**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐
 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, changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

BRUCE F. RIPEPI
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #