

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 06, 2002 8:00 am
Secretary of State

05-06-2002 90140 027 ***150.00

DOCUMENT # F93000005954

1. Entity Name

Ambrosi + Associates, Inc.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

200 W. Jackson Blvd.

3. Mailing Address

450 West 33rd Street

Suite, Apt. #, etc.

Suite 600

Suite, Apt. #, etc.

11th Floor

City & State

Chicago, IL

City & State

New York, NY

Zip

60607

Country

USA

Zip

10001

Country

USA

4. FEI Number

36-3762885

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name

CT Corporation System

Street Address (P.O. Box Number is Not Acceptable)

1200 South Pine Island Road

City

Plantation

FL

Zip Code

33324

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) ☐

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DC
Drasner, Fred
450 West 33rd Street
New York, NY 10001

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DEVP
Krall, Martin D.
450 West 33rd Street
New York, NY 10001

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DEVPCDO
Vecchiolla, Joseph D.
450 West 33rd Street
New York, NY 10001

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
P
Nardulli, Ettore
6115 Official Road
Crystal Lake, IL 60014

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
SVP & CO
Kenneth Torosian
450 West 33rd Street
New York, NY 10001

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VPT
Grady, Patrick
450 West 33rd Street
New York, NY 10001

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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**DO NOT WRITE
IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Martin D. Krall

4/26/02

212-210-6314

Date:

Daytime Phone #

CR2E034B (12/01)