

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F94000000090

1. Entity Name

S&P COMSTOCK, INC.

Principal Place of Business

600 MAMARONECK AVE.
5TH FLOOR
HARRISON NY 10528

Mailing Address

C/O THE MCGREW-HILL COMPANIES. 48 FLR.
1221 AVE OF THE AMERICAS
NEW YORK NY 10020

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

THE PRENTICE-HALL CORPORATION SYSTEM, INC.
1201 HAYS ST.
SUITE 105
TALLAHASSEE FL 34230

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

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, 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

TITLE P
NAME CONNELL, DANIEL
STREET ADDRESS 121 WEDGEWOOD DR.
CITY-ST-ZIP EASTON CT 06612 ☐ Delete

TITLE VP
NAME KAUFMAN, FRANK J
STREET ADDRESS 50 E. 89TH ST.
CITY-ST-ZIP NEW YORK NY 10128 ☐ Delete

TITLE S
NAME BENNETT, SCOTT L
STREET ADDRESS 101 W. 12TH ST.
CITY-ST-ZIP NEW YORK NY 10011 ☐ Delete

TITLE D
NAME REDPATH, ALAN
STREET ADDRESS 5 GRANTLEY DR., FLEET, N. HANTS
CITY-ST-ZIP ENGLAND ☒ Delete

TITLE D
NAME MCGRAW, HAROLD W III
STREET ADDRESS FIVE HALTER RD.
CITY-ST-ZIP DARIEN CT 06820 ☐ Delete

TITLE D
NAME KAYE, STEPHEN F
STREET ADDRESS 26 CROMWELL DR
CITY-ST-ZIP MENDHAM NJ 07945 ☒ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

TITLE DIRECTOR
NAME MILANO, PATRICK
STREET ADDRESS 23 D'ALTRUI DRIVE
CITY-ST-ZIP BELLE MEADE, NJ 08502 ☒ Change ☐ Addition

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

TITLE DIRECTOR
NAME O'NEILL, LEO C
STREET ADDRESS 380 RECTOR PLACE (APT 23J)
CITY-ST-ZIP NEW YORK, NY 10280 ☒ 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

Frank J. Kaufman
Vice President

4/18/01

Date

Daytime Phone #

FILED
Apr 25, 2001 8:00 am
Secretary of State

04-25-2001 90135 008 ***150.00



DO NOT WRITE IN THIS SPACE

CR2E034 (10/00)