

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F94000000198

1. Entity Name

THE NATIONAL PAYROLL COMPANY, INC.

FILED
Apr 21, 2000 8:00 am
Secretary of State

04-21-2000 90155 025 ***150.00

Principal Place of Business

Mailing Address

125 W. 55TH ST.
NEW YORK NY 10019

125 W. 55TH ST.
NEW YORK NY 10019-5369

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

13-3744365

Applied For

Not Applicable

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

CT CORPORATION SYSTEM
C/O CT CORPORATION SYSTEM
1200 SOUTH PINE ISLAND RD.
PLANTATION FL 33324

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, 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 PCEO ☒ Delete

NAME OLSON, THOMAS F.
STREET ADDRESS 125 WEST 55TH STREET
CITY-ST-ZIP NEW YORK NY

TITLE VPS ☒ Delete

NAME LEONARDELLI, LOU
STREET ADDRESS 125 W 55TH STREET
CITY-ST-ZIP NEW YORK NY 10019

TITLE T ☒ Delete

NAME DAMON, ROBERT
STREET ADDRESS 125 W 55TH ST
CITY-ST-ZIP NEW YORK NY

TITLE AST ☒ Delete

NAME WATSON, BRIAN
STREET ADDRESS 125 W. 55TH ST.
CITY-ST-ZIP NEW YORK NY 10019

TITLE V ☒ Delete

NAME GUARDI, PASQUALE
STREET ADDRESS 125 W. 55TH ST.
CITY-ST-ZIP NEW YORK NY 10019

TITLE D ☒ Delete

NAME OLSON, THOMAS F.
STREET ADDRESS 125 WEST 55TH STREET
CITY-ST-ZIP NEW YORK NY

TITLE President ☐ Change ☒ Addition

NAME Kenneth J O'Keefe
STREET ADDRESS 125 W 55th St
CITY-ST-ZIP New York, NY 10025

TITLE VP/Asst Secretary ☐ Change ☒ Addition

NAME James E Beloyianis
STREET ADDRESS 125 W 55th St
CITY-ST-ZIP New York, NY 10019

TITLE VP ☐ Change ☒ Addition

NAME William S Banowsky
STREET ADDRESS 125 W 55th St
CITY-ST-ZIP New York, NY 10019

TITLE VP ☐ Change ☒ Addition

NAME Stuart Olds
STREET ADDRESS 125 W 55th St
CITY-ST-ZIP New York, NY 10019

TITLE Senior VP ☐ Change ☒ Addition

NAME W Schuyler Hansen
STREET ADDRESS 125 W 55th St
CITY-ST-ZIP New York, NY 10019

TITLE VP/CFD ☐ Change ☒ Addition

NAME D Geoffrey Armstrong
STREET ADDRESS 125 W 55th St., New York, NY 10019

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 REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/11/2000

Date

(212) 424-6569

Daytime Phone #

CR2E034 (9/99)