

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jul 25, 2000 8:00 am**  
**Secretary of State**

07-25-2000 90097 013 \*\*\*550.00

**DOCUMENT # F94000000750**

1. Entity Name  
**CTC RESOURCES, INC.** ✓

Principal Place of Business

150 E. 52 ST.  
 27 FLOOR  
 NEW YORK NY 10022

Mailing Address

150 E. 52 ST.  
 27 FLOOR  
 NEW YORK NY 10022

2. Principal Place of Business

**12760 HIGH BLUFF DR.**

3. Mailing Address

Suite, Apt. #, etc.  
**110**

Suite, Apt. #, etc.

City & State

**SAV DIEGO, CA**

City & State

City & State

4. FEI Number

**13-3710489**

Applied For

Not Applicable

Zip

**92130**

Country

**U.S.**

Zip

Country

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 ST.  
 STE 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 \_\_\_\_\_

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 \$550.00**  
**After SEPTEMBER 13, 2000 Min. will be \$750.00**  
**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	<b>P</b>	<input type="checkbox"/> Delete
NAME	<b>GROSSMAN, SCOTT M</b>	
STREET ADDRESS	<b>1725 YORK AVENUE</b>	
CITY-ST-ZIP	<b>NEW YORK NY</b>	
TITLE	<b>VP</b>	<input type="checkbox"/> Delete
NAME	<b>BELES, DIANE E</b>	
STREET ADDRESS	<b>22 ORCHARD ST</b>	
CITY-ST-ZIP	<b>ROSLYN HEIGHTS NY</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>12529 CL CAMINO</b>	
STREET ADDRESS	<b>REAL, UNITA</b>	
CITY-ST-ZIP	<b>S.D, CA. 921</b>	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 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

**21/ July / 2000** **858-509-2828**  
 Date Daytime Phone #