

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 31, 2001 8:00 am
Secretary of State

05-31-2001 90004 032 ***150.00

DOCUMENT # F94600000855

1. Entity Name

Globe Fearon Inc.

Principal Place of Business

One Lake St
 Upper Saddle River, NJ 07458

Mailing Address

40 Haverzhing
 Pearson Inc.
 1330 Ave. of the Americas
 NY, NY 10019

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

06-0915784

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

The Prentice-Hall Corporation System, Inc.
 Suite 105
 1201 Hays Street
 Tallahassee, FL 32301

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	Sup & Secretary / Director	<input type="checkbox"/> Delete
NAME	Robert L. Dancy	
STREET ADDRESS	One Lake St	
CITY-ST-ZIP	Upper Saddle River, NJ 07458	
TITLE	EVP / Director	<input type="checkbox"/> Delete
NAME	Peter Ivanovich	
STREET ADDRESS	One Lake St	
CITY-ST-ZIP	Upper Saddle River, NJ 07458	
TITLE	CFO	<input type="checkbox"/> Delete
NAME	George Werner	
STREET ADDRESS	One Lake St	
CITY-ST-ZIP	Upper Saddle River, NJ 07458	
TITLE	President	<input type="checkbox"/> Delete
NAME	Beth Wray	
STREET ADDRESS	One Lake St	
CITY-ST-ZIP	Upper Saddle River, NJ 07458	
TITLE	VP & Assistant Secretary	<input type="checkbox"/> Delete
NAME	Tom Wharton	
STREET ADDRESS	1330 Ave of the Americas	
CITY-ST-ZIP	NY, NY 10019	
TITLE		<input type="checkbox"/> Delete
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		
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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)