

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 12, 2001 8:00 am
Secretary of State

03-12-2001 90016 027 ***150.00

DOCUMENT # F94000002852

1. Entity Name

Fisher Island Corporation

Principal Place of Business

Mailing Address

550 Broad Street, 6th Floor
Newark, NJ 07102-4517

2. Principal Place of Business

550 Broad Street

3. Mailing Address

550 Broad Street

Suite, Apt. #, etc.

6th Floor

Suite, Apt. #, etc.

6th Floor

City & State

Newark

City & State

Newark, New Jersey

4. FEI Number

22-328232

Applied For

Not Applicable

Zip

07102-4517

Country

USA

Zip

07102-4517

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CT Corporation System
1200 South Pine Island Road
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, 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 VP & General Counsel ☐ Delete
NAME Frank D. Casciano
STREET ADDRESS 550 Broad Street
CITY-ST-ZIP Newark, NJ 07102-4517

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

TITLE Vice President & Treasurer ☐ Delete
NAME Eric P. Wohlrab
STREET ADDRESS 550 Broad Street
CITY-ST-ZIP Newark, NJ 07102-4517

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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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:

Frank D. Casciano

Frank D. Casciano

2-27-01

(973) 848-2201

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)