- 2000 UNIFORM BUSINESS REPORT (UBR)

FILED Aug 03, 2000 8:00 am Secretary of State

DOCUMENT # F9400004376 1. Entity Name 08-03-2000 90029 014 ***550.00 SGS INSPECTION & CERTIFICATION BUREAU Principal Place of Business Mailing Address BROADWAY NEW YORK NY 10004 00076370 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) CT CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324 Zip Code FL 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 FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. $\overline{\mathsf{G}\mathsf{G}}$ X Change CR2E034 (9/99 TITLE X Delete PD Addition MCCORMICK, JOHN NAME NAME YIP, BERNARD C STREET ADDRESS 8211 CHANNELSIDE STREET ADDRESS 42 BROADWAY CITY - ST - ZIP HOUSTON, TX 77012 CITY - ST - ZIP NEW YORK, NY 10004 TITI F AΤ Delete TITLE Change Addition NAME ENDER, PETER NAME STREET ADDRESS STREET ADORESS 42 BROADWAY CITY - ST - ZIP CITY - ST - ZIP NEW YORK, NY 10004 TITLE X Change X Delete TITLE Addition BRIDWELL, R.K. NAME NAME BRIDWELL, R.K. STREET ADDRESS 9 CAMPUS DRIVE__ STREET ADDRESS 291 FAIRFIELD AVENUE CITY - ST - ZIP PARSIPPANY, NJ CITY - ST - ZIE FAIRFIELD, NJ 07004 TITLE TITLE Delete Change Addition NAME NAME STRÉET ADDRESS STREET ADDRESS CITY - ST - ZIP CITY - ST - ZIP TITLE TITLE Delete Change Addition NAME STREET ADDRESS STREET ADDRESS CITY - ST - ZIP CITY - ST - ZIP TITLE TITLE Delete Addition Change NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST - ZIP 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 the an attachment with an address, with all other like empowered. SIGNATURE: PETER A. SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #