

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 22, 2001 8:00 am
Secretary of State

01-22-2001 90040 030 ***150.00

DOCUMENT # F94000004515

1. Entity Name

INDEPENDENT & RETAIL BUSINESS ASSOCIATES, INC.

Principal Place of Business 4 AIRLINE DR STE 202 ALBANY NY 12205 US	Mailing Address 4 AIRLINE DR STE 202 ALBANY NY 12205 US
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



DO NOT WRITE IN THIS SPACE

4. FEI Number 03-0274163		Applied For
		Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		\$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. 1201 HAYS STREET, STE. 105 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 _____ (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) <input type="checkbox"/>	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. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	DP <input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GOLDSTEIN, LLOYD H	NAME	
STREET ADDRESS	3010 WESTCHESTER AVE.	STREET ADDRESS	350 5TH AVE SUITE 5220
CITY-ST-ZIP	PURCHASE NY 10577	CITY-ST-ZIP	NEW YORK, NY 10110
TITLE	DVS <input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LYNCH, HOWARD	NAME	
STREET ADDRESS	2001 MARCUS AVE, STE W 85	STREET ADDRESS	350 5TH AVE SUITE 5220
CITY-ST-ZIP	LAKE SUCCESS NY	CITY-ST-ZIP	NEW YORK, NY 10110
TITLE	DVT <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STREET, ROBERT D	NAME	
STREET ADDRESS	4 AIRLINE DR., ROOM 202	STREET ADDRESS	
CITY-ST-ZIP	ALBANY NY 12205	CITY-ST-ZIP	
TITLE	DV <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STREET, LINDA M	NAME	
STREET ADDRESS	4 AIRLINE DR. ROOM 202	STREET ADDRESS	
CITY-ST-ZIP	ALBANY NY 12205	CITY-ST-ZIP	
TITLE	DV <input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GOLDSTEIN, WENDY	NAME	
STREET ADDRESS	3010 WESTCHESTER AVE.	STREET ADDRESS	350 5TH AVE SUITE 5220
CITY-ST-ZIP	PURCHASE NY 10577	CITY-ST-ZIP	NEW YORK, NY 10110
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 on an attachment with an address, with all other like empowered.

SIGNATURE: Robert D Street **ROBERT D STREET** 1/10/01 518-464-3347
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

0596177

CR2E034 (10/00)