## **2000 UNIFORM BUSINESS REPORT (UBR)**

## FILED May 09, 2000 8:00 am Secretary of State DOCUMENT # F9400006141 BERTHOLON-ROWLAND CORP. 05-09-2000 90119 001 \*\*\*150.00 Mailing Address Principal Place of Business 100 BROADWAY 100 BROADWAY NEW YORK NY 10005 NEW YORK NY 10005-1902 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. City & State City & State 4. FEI Number Applied For 13-5603648 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name INSURANCE COMMISSIONER Street Address (P.O. Box Number is Not Acceptable) CAPITOL TALLAHASSEE FL 32399-0300 City 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, 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 After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. Addition . Change CFOT TITLE ☐ Delete TITLE D NAME Alan zink NAME Kaplan, Arnol 3070 Riverside Drive STREET ADDRESS STREET ADDRESS 9 ELEANOR DRIVE POB 21090 COlumbus OH 43221 CITY-ST-ZIP CITY-ST-ZIP KENDALL PARK NJ 08824 Change TITLE ☐ Delete TITLE Renard Wright 851 Morris Ave LYNCH, JOHN G. NAME NAME STREET ADDRESS STREET ADDRESS 10233 NAVARE COURT Lakewood NJ 08701 CITY-ST-ZIP CITY-ST-7IP RICHMOND VA ☐ Change Addition ☐ Delete TITLE TITLE NAME Erich Sippel NAME Green Hills at chester brook STREET ADDRESS STREET ADDRESS CITY-ST-ZIP wayne PA 19087 CITY-ST-7IP ☐ Change ☐ Delete TITLE Mark D'Arcangelo NAME 2171 Gulf Share Blid, North STREET ADDRESS STREET ADDRESS CITY-ST-7IP apt 604 Naples FL 33940 CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE Patricia webb NAME NAME 2659 Peachtree Battle Place NW STREET ADDRESS STREET ADDRESS Atlantic GA 30327 CITY-ST-ZIP CITY-ST-7IP Change Addition ☐ Delete TITLE TITLE EHAA Mercht NAME NAME

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.

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-7IP

HAEDALIOL B KAPLAN 3/21/00

2745 Ridgewood Rd NW

Atlanta GA 30327