

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 13, 2001 8:00 am
Secretary of State

02-13-2001 90573 005 ***150.00

DOCUMENT # F94000006141

1. Entity Name

BERTHOLON-ROWLAND CORP.

Principal Place of Business

**100 BROADWAY
 NEW YORK NY 10005**

Mailing Address

**100 BROADWAY
 NEW YORK NY 10005**

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number **13-5603648**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

**INSURANCE COMMISSIONER
 CAPITOL
 TALLAHASSEE FL 32399-0300**

7. Name and Address of New Registered Agent

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

TITLE **CFOT** ☐ Delete
 NAME **KAPLAN, ARNOL**
 STREET ADDRESS **9 ELEANOR DRIVE**
 CITY-ST-ZIP **KENDALL PARK NJ 08824**

TITLE **CEO** ☒ Delete
 NAME **LYNCH, JOHN G.**
 STREET ADDRESS **10233 NAVARE COURT**
 CITY-ST-ZIP **RICHMOND VA**

TITLE **D** ☐ Delete
 NAME **ZINK, ALAN**
 STREET ADDRESS **3070 RIVERSIDE DR**
 CITY-ST-ZIP **COLUMBUS OH 43221**

TITLE **D** ☐ Delete
 NAME **WRIGHT, RENARD**
 STREET ADDRESS **851 MORRIS AVE**
 CITY-ST-ZIP **LAKEWOOD NJ 08701**

TITLE **D** ☒ Delete
 NAME **SIPPEL, ERICH**
 STREET ADDRESS **GREEN HILLS AT CHESTERBROOK**
 CITY-ST-ZIP **WAYNE PA 19087**

TITLE **D** ☒ Delete
 NAME **WEBB, PATRICIA**
 STREET ADDRESS **2659 PEACHTREE BATTLE PL NW**
 CITY-ST-ZIP **ATLANTA GA 30327**

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **CFOT, DJT** ☒ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **D** ☐ Change ☒ Addition
 NAME **M. Catherine Richardson**
 STREET ADDRESS **233 Delhi street**
 CITY-ST-ZIP **Syracuse NY 13203**

TITLE **Vj-S** ☐ Change ☒ Addition
 NAME **John Sorrentino**
 STREET ADDRESS **15 Mountainwood Court**
 CITY-ST-ZIP **Totowa NJ 07512**

TITLE **CEO** ☐ Change ☒ Addition
 NAME **Alan zink**
 STREET ADDRESS **3070 Riverside Drive**
 CITY-ST-ZIP **Columbus OH 43221**

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

TITLE ☐ Change ☐ 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:

Arnol B. Kaplan **ARNOL B. KAPLAN**

2/8/01

917-551-8570

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)

0441375