

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F95000000920

1. Entity Name  
MOORE MEDICAL CORP.

Principal Place of Business

389 JOHN DOWNEY DR.  
NEW BRITAIN CT 06050

Mailing Address

389 JOHN DOWNEY DR.  
NEW BRITAIN CT 06050

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

22-1897821

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$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 ST.  
SUITE 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

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 \$550.00**  
**After September 12, 2001 Fee will be \$750.00**  
**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  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
CFO  
HARPER, DAVID V MR  
389 JOHN DOWNEY DR.  
NEW BRITAIN CT 06050 ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
PD  
Linda m Autore  
389 John Downey Dr  
New Britain, CT 06050 ☐ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
V  
KOLLMEYER, KENNETH S  
389 JOHN DOWNEY DR.  
NEW BRITAIN CT 06050 ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D  
Christopher Brady  
610 Fifth Ave 7th Floor  
New York, NY 10019 ☐ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
S  
GREENBERGER, JOSEPH  
1370 AVE. OF AMERICAS, #2701  
NEW YORK NY 10019 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D  
Steven Kotler  
510 Madison Ave #5th St, 40th Floor  
New York, NY 10022 ☐ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
V  
BUCCHI, RICHARD A  
389 JOHN DOWNEY DRIVE  
NEW BRITAIN CT 06050 ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D  
Wilmer J Thomas Jr.  
101 Schlick Hill Rd  
Salisbury, CT 06068 ☐ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D  
SUTRO, PETER C  
389 JOHN DOWNEY DR.  
NEW BRITAIN CT 06050 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D  
Dan Kwassong  
178 EAB Plaza  
Uniondale, NY 11556 ☐ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D  
STEELE, ROBERT H  
389 JOHN DOWNEY DR.  
NEW BRITAIN CT 06050 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
CFO  
James R Simpson  
389 John Downey Dr  
New Britain, CT 06050 ☐ Change ☒ Addition

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 another like empowered.

SIGNATURE: *[Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/21/01

Daytime Phone #

**FILED**  
**Sep 10, 2001 8:00 am**  
**Secretary of State**

09-10-2001 90055 029 \*\*\*550.00



DO NOT WRITE IN THIS SPACE

0131555 AT

CR2E034 (5/01)