

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 17, 2002 8:00 am
Secretary of State

04-17-2002 90007 013 ***150.00

05/28/01 AT

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

**THE PRENTICE-HALL CORPORATION SYSTEM, INC.
 1201 HAYS ST.
 SUITE 105
 TALLAHASSEE FL 32301**

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, 2002 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 **PD** ☐ Delete
 NAME **AUTORE, LINDA M**
 STREET ADDRESS **389 JOHN DOWNEY DRIVE**
 CITY-ST-ZIP **NEW BRITAIN CT 06050**

TITLE **D** ☐ Delete
 NAME **BRADY, CHRISTOPHER**
 STREET ADDRESS **610 5TH AVENUE, 7TH FLOOR**
 CITY-ST-ZIP **NEW YORK NY 10019**

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

TITLE **D** ☐ Delete
 NAME **KOTLER, STEVEN**
 STREET ADDRESS **590 MADISON AVENUE, 57TH ST, 40TH FLR**
 CITY-ST-ZIP **NEW YORK NY 10022**

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

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **Director** ☐ Change ☒ Addition
 NAME **Thomas, Wilmer Jr.**
 STREET ADDRESS **101 Seltick Hill Rd**
 CITY-ST-ZIP **Salisbury, CT 06068**

TITLE **D** ☐ Change ☒ Addition
 NAME **Derow, Peter**
 STREET ADDRESS **6 E 42nd St**
 CITY-ST-ZIP **NEW YORK, NY 10017**

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

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

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)