

2000 UNIFORM BUSINESS REPORT (UBR)

0005741

DOCUMENT # F95000001529

1. Entity Name

FILED

00 MAR 15 PM 4:30

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

[Handwritten signature]



DO NOT WRITE IN THIS SPACE

Principal Place of Business

Mailing Address

ONE HUNTINGTON QUADRANGLE
SUITE 4N
MELVILLE NY 11747

ONE HUNTINGTON QUADRANGLE
SUITE 4N
MELVILLE NY 11747-4440

2. Principal Place of Business

3. Mailing Address

One Huntington Quadrangle

50 California St

Suite, Apt. #, etc.

Suite, Apt. #, etc.

#4N

24th Fl.

City & State

City & State

Melville NY

San Francisco, CA

Zip

Country

Zip

Country

11747 USA

94111

USA

4. FEI Number

11-3274925

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

INSURANCE COMMISSIONER
CAPITOL BLDG
TALLAHASSEE FL 32399

Name

Corporation Service Company

Street Address (P.O. Box Number is Not Acceptable)

1201 Hays Street

City

Tallahassee

FL

Zip Code

32301

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.

Corporation Service Company

SIGNATURE

[Handwritten signature: Bobbie Hall]

By: Bobbie Hall, Asst. Vice President

3/13/2000

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, 2000 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	CD	<input checked="" type="checkbox"/> Delete
NAME	ISERNIO, ALBERT E	
STREET ADDRESS	242 BROOKVILLE LANE	
CITY-ST-ZIP	OLD BROOKVILLE NY 11545	
TITLE	S	<input type="checkbox"/> Delete
NAME	NEWBORN, ERNEST J	
STREET ADDRESS	50 CALIFORNIA STREET	
CITY-ST-ZIP	SAN FRANCISCO CA 94111	
TITLE	D	<input type="checkbox"/> Delete
NAME	MIZEL, BERNARD	
STREET ADDRESS	410 EAST STRAWBERRY DRIVE	
CITY-ST-ZIP	MILL VALLEY CA	
TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	NEARY, DANIEL P	
STREET ADDRESS	11 PLOVER LANE	
CITY-ST-ZIP	LLOYD HARBOR NY 11743	
TITLE	T	<input type="checkbox"/> Delete
NAME	LEONARD, MIKE T	
STREET ADDRESS	50 CALIFORNIA STREET	
CITY-ST-ZIP	SAN FRANCISCO CA 94111	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	James Pennington	
STREET ADDRESS	4150 International Plaza	
CITY-ST-ZIP	Fort Worth, TX 76109	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	Treasurer and Director	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

[Handwritten signature: Ernest J. Newborn, Jr. 3/13/00]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)



Page 2 of 2
Attachment

ACCOUNT NO. : 072100000032

REFERENCE : 620947 7139998

AUTHORIZATION :

COST LIMIT : \$ 158.75

Patricia Pigute

ORDER DATE : March 10, 2000

ORDER TIME : 11:19 AM

ORDER NO. : 620947-170

CUSTOMER NO: 7139998

CUSTOMER: Ms. Linda Hart
Usi Holdings, Inc.
50 California St.
24th Floor
San Francisco, CA 94111

ANNUAL REPORT FILING

NAME: BENEFIT PLAN ADMINISTRATORS,
INC. OF NEW YORK

XX ANNUAL REPORT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

 CERTIFIED COPY
XX PLAIN STAMPED COPY
XX CERTIFICATE OF GOOD STANDING

CONTACT PERSON: CHRISTINE LILlich

EXAMINER'S INITIALS: _____

RECEIVED
00 MAR 15 PM 1:06
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA