

2001 UNIFORM BUSINESS REPORT (UBR)

0039500

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DOCUMENT # F95000001529

1. Entity Name

BENEFIT PLAN ADMINISTRATORS, INC. OF NEW YORK

FILED

01 MAR 30 PM 1:52

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
ONE HUNTINGTON QUADRANGLE
SUITE 4N
MELVILLE NY 11747

Mailing Address
50 CALIFORNIA STREET
24TH FLOOR
SAN FRANCISCO CA 94111



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 11-3274925

Applied For

Not Applicable

Zip

Country

Zip

Country

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

CORPORATION SERVICE COMPANY
1201 HAYES ST.
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 \$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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P PENNINGTON, JAMES 4150 INTERNATIONAL PLAZA FORT WORTH TX 76109	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S NEWBORN, ERNEST J 50 CALIFORNIA STREET SAN FRANCISCO CA 94111	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MIZEL, BERNARD 410 EAST STRAWBERRY DRIVE MILL VALLEY CA	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD LEONARD, MIKE T 50 CALIFORNIA STREET SAN FRANCISCO CA 94111	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	800003931608-0	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Treasurer Edward Bowler 50 California St. San Francisco CA 94111	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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 all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Ernest Newborn 3/24/01

Date

Daytime Phone #

CR2E034 (10/00)



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ACCOUNT NO. : 072100000032

REFERENCE : 093664 7139998

AUTHORIZATION : Patricia Pizeto

COST LIMIT : \$ 150.00

ORDER DATE : March 27, 2001

ORDER TIME : 10:41 AM

ORDER NO. : 093664-100

CUSTOMER NO: 7139998

CUSTOMER: Ms. Linda Hart
Usi Holdings, Inc.
24th Floor
50 California Street
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
 CERTIFICATE OF GOOD STANDING

CONTACT PERSON: JEANINE REYNOLDS. 1133

EXAMINER'S INITIALS: _____

RECEIVED
01 MAR 30 AM 11:26
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA