

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F95000003432

1. Entity Name

ROCKFORD INDUSTRIES, INC. AMERICAN EXPRESS BUSINESS FINANCE CORPORATION

FILED

May 11, 2000 8:00 am
Secretary of State

05-11-2000 90320 043 ***150.00

Principal Place of Business
1851 EAST FIRST ST.
SUITE 600
SANTA ANA CA 92705
US

Mailing Address
~~1851 EAST FIRST ST.~~ 200 Vesey St.
~~SUITE 600~~ NY, NY
~~SANTA ANA CA 92705-4049~~ 10285-4601
~~US~~



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
200 VESLEY STREET

Suite, Apt. #, etc.

City & State
New York, N.Y.

City & State

Zip
10285-4601

Country

Zip
10285-4601

Country

4. FEI Number 33-0075112

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

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, 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	PD	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	RICCO, GERRY		NAME		
STREET ADDRESS	1851 EAST FIRST ST., 6TH FL.		STREET ADDRESS		
CITY-ST-ZIP	SANTA ANA CA 92705		CITY-ST-ZIP		
TITLE	VD	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	HARTMANN, LARRY		NAME		
STREET ADDRESS	1851 EAST FIRST ST., 6TH FL.		STREET ADDRESS		
CITY-ST-ZIP	SANTA ANA CA 92705		CITY-ST-ZIP		
TITLE	VSD	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	SEIGEL, BRIAN		NAME		
STREET ADDRESS	1851 EAST FIRST ST., 6TH FL.		STREET ADDRESS		
CITY-ST-ZIP	SANTA ANA CA 92705		CITY-ST-ZIP		
TITLE	V	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	MCDONNELL, KEVIN		NAME		
STREET ADDRESS	1851 EAST FIRST ST., 6TH FL.		STREET ADDRESS		
CITY-ST-ZIP	SANTA ANA CA 92705		CITY-ST-ZIP		
TITLE	VT	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	CORZINE, JAMES		NAME		
STREET ADDRESS	1851 EAST FIRST ST., 6TH FL.		STREET ADDRESS		
CITY-ST-ZIP	SANTA ANA CA 92705		CITY-ST-ZIP		
TITLE	C	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	SWEENEY, ROBERT		NAME		
STREET ADDRESS	1851 EAST FIRST STR., 6TH FL.		STREET ADDRESS		
CITY-ST-ZIP	SANTA ANA CA 92705		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: Stephen P. Norman 4/24/00 212-640-3250
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Secretary Date Daytime Phone #