

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 11, 2000 8:00 am**  
**Secretary of State**

05-11-2000 90320 043 \*\*\*150.00

DOCUMENT # **F95000003432**

1. Entity Name  
**ROCKFORD INDUSTRIES, INC. AMERICAN EXPRESS BUSINESS FINANCE CORPORATION**

Principal Place of Business 1851 EAST FIRST ST. SUITE 600 SANTA ANA CA 92705 US	Mailing Address <del>1851 EAST FIRST ST.</del> <del>SUITE 600</del> <del>SANTA ANA CA 92705-4049</del> <del>US</del> 200 Vesey St. NY, NY 10285-4601
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address 200 VESLEY STREET
City & State	City & State New York, N.Y.

4. FEI Number 33-0075112	Applied For <input type="checkbox"/> Not Applicable
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Zip 10285-4601	Country
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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 \_\_\_\_\_ (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 NAME STREET ADDRESS CITY-ST-ZIP	PD RICCO, GERRY 1851 EAST FIRST ST., 6TH FL. SANTA ANA CA 92705	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD HARTMANN, LARRY 1851 EAST FIRST ST., 6TH FL. SANTA ANA CA 92705	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD SEIGEL, BRIAN 1851 EAST FIRST ST., 6TH FL. SANTA ANA CA 92705	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V MCDONNELL, KEVIN 1851 EAST FIRST ST., 6TH FL. SANTA ANA CA 92705	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VT CORZINE, JAMES 1851 EAST FIRST ST., 6TH FL. SANTA ANA CA 92705	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C SWEENEY, ROBERT 1851 EAST FIRST STR., 6TH FL. SANTA ANA CA 92705	<input checked="" 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
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

See Attachment

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* **Stephen P. Norman** 4/24/00 212-640-3250  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #  
 Secretary