

2002 UNIFORM BUSINESS REPORT (UBR)

U136853 AR

DOCUMENT # F95000004241

1. Entity Name
U.S. ENERGY SYSTEMS, INC. (DELAWARE)

FILED

02 OCT -7 PM 1:02

Principal Place of Business

515 N. FLAGLER DRIVE
SUITE 702
WEST PALM BEACH FL 33401
US

Mailing Address

ONE NORTH LEXINGTON AVE.. 4TH FLOOR
WHITE PLAINS NY 10601
US

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



REINSTATEMENT

DO NOT WRITE IN THIS SPACE 02

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number 52-1216347

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

SZYSZKO, DAVID W
1340 N US HWY 1
STE 102
JUPITER FL 33469

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. I am familiar with, and accept the obligations of registered agent.

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 \$550.00
After September 13, 2002 Fee will be \$750.00
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
NAME
STREET ADDRESS
CITY-ST-ZIP
CO
SCHNEIDER, LAWRENCE I
ONE N LEXINGTON AVENUE STE 102
CHICAGO IL 60657 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
ST
BENSON, ROBERT
3470 N LAKE SHORE DR 6A
CHICAGO IL 60657 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
ROTHMAN, ALLEN J
1345 AVENUE OF THE AMERICA
NEW YORK NY ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
FOGEL, ASHER E
116 E 30TH STREET
NEW YORK NY 10016 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
EVANS, EVAN
331 OLD TOLL ROAD
MADISON CT ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
CHAIRMAN
SCHNEIDER, LAWRENCE
ONE N. LEXINGTON Ave. 4th FL
White PLAINS, NY 10610 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Chief Accounting Officer
FITZGERALD, FRANCIS
ONE N. LEXINGTON Ave
White PLAINS, NY 10610 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
600008282066--7
-10/09/02--01026--017
****750.00 ****750.00 ☐ Change ☐ Addition

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

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PRESIDENT & CO
MORNER, GORAN
ONE N. LEXINGTON Ave. 4th FL
White PLAINS, NY 10610 ☐ Change ☒ 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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/26/02

(94) 993-6443 E417

Date

Daytime Phone #

CR2E034 (4/02)