

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 16, 2001 8:00 am
Secretary of State
 08-16-2001 90011 035 ***550.00

DOCUMENT # F95000004972

1. Entity Name
ABT CORPORATION OF NEW YORK

Principal Place of Business

361 BROADWAY
4TH FLR
NEW YORK NY 10013-3998

Mailing Address

361 BROADWAY
4TH FLR
NEW YORK NY 10013-3998

2. Principal Place of Business

305 MAIN STREET

Suite, Apt. #, etc.

3. Mailing Address

305 MAIN STREET

Suite, Apt. #, etc.

City & State

REDWOOD CITY, CA

Zip
94063

Country
USA

City & State

REDWOOD CITY, CA

Zip
94063

Country
USA

4. FEI Number

13-3057475

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

COROPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301

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 \$550.00
After September 12, 2001 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	D	<input checked="" type="checkbox"/> Delete
NAME	MCCANCE, HENRY	
STREET ADDRESS	GREY LOCK MANAGEMEN, 1 FEDERAL ST	
CITY-ST-ZIP	BOSTON MA	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	BODMAN, LYNDIA S DR	
STREET ADDRESS	24 CHESTNUT STREET	
CITY-ST-ZIP	BOSTON MA 02108	
TITLE	V	<input checked="" type="checkbox"/> Delete
NAME	FARRELLY, EDWARD	
STREET ADDRESS	361 BROADWAY	
CITY-ST-ZIP	NEW YORK NY	
TITLE	VCFO	<input checked="" type="checkbox"/> Delete
NAME	KIELISZAK, GERALD J	
STREET ADDRESS	3481 HOMESTEAD AVE	
CITY-ST-ZIP	WANTAGH NY 11793	
TITLE	V	<input checked="" type="checkbox"/> Delete
NAME	RUTLEDGE, REGINALD E	
STREET ADDRESS	5 HILLDALE RD	
CITY-ST-ZIP	RYEBROOK NY 10573	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	CEO	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DIBACHI, FARZAD	
STREET ADDRESS	305 MAIN STREET	
CITY-ST-ZIP	REDWOOD CITY CA 94063	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GARNETT, TERENCE	
STREET ADDRESS	305 MAIN STREET	
CITY-ST-ZIP	REDWOOD CITY, CA 94063	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GILL, FRANK	
STREET ADDRESS	305 MAIN STREET	
CITY-ST-ZIP	REDWOOD CITY, CA 94063	
TITLE	CFO	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PICKUS, JOSHUA	
STREET ADDRESS	305 MAIN STREET	
CITY-ST-ZIP	REDWOOD CITY, CA 94063	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RADUCHEL, WILLIAM	
STREET ADDRESS	305 MAIN STREET	
CITY-ST-ZIP	REDWOOD CITY, CA 94063	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WEBB, MAYNARD	
STREET ADDRESS	305 MAIN STREET	
CITY-ST-ZIP	REDWOOD CITY, CA 94063	

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

8/14/01

Date

Daytime Phone #

CR2E034 (5/01)