

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F95000005603

1. Entity Name  
LODEX OS, INC.

**FILED**  
**Sep 18, 2000 8:00 am**  
**Secretary of State**

09-18-2000 90045 014 \*\*\*550.00

Principal Place of Business  
1180 AVENUE OF THE AMERICAS  
NEW YORK NY 10036

Mailing Address  
1180 AVENUE OF THE AMERICAS  
NEW YORK NY 10036

2. Principal Place of Business  
220 EAST 42ND STREET  
Suite, Apt. #, etc.

27TH FLOOR  
City & State  
NEW YORK, NY

Zip  
10017

Country  
USA

3. Mailing Address  
220 EAST 42ND STREET  
Suite, Apt. #, etc.

27TH FLOOR  
City & State  
NEW YORK, NY

Zip  
10017

Country  
USA



DO NOT WRITE IN THIS SPACE

4. FEI Number 13-3696913

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

BURKE, DAVID P  
ONE HARBOUR PLACE STE 500  
TAMPA FL 33602

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 13, 2000 Min. 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	PD TANSEY, FRANCIS X 1180 SIXTH AVENUE NEW YORK NY	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VS SUMMERS, BRIAN T 1180 AVE OF THE AMERICAS, 18TH FL NEW YORK NY 10036	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD LUSKI, DAVID 1180 SIXTH AVENUE NEW YORK NY	<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"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	220 EAST 42ND STREET, 27TH FLOOR NEW YORK, NY 10017	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	220 EAST 42ND STREET, 27TH FLOOR NEW YORK, NY 10017	<input checked="" 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

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]* **REBRIAN T SUMMERS**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/13/00  
Date

212-697-4740  
Daytime Phone #

CP25034 (5/00)