

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F95000005872

1. Entity Name

DELAWARE META GROUP, INC.

Principal Place of Business

Mailing Address

208 HARBOR DR.
STAMFORD CT 06912-0061

208 HARBOR DR.
STAMFORD CT 06902-7467

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

06-0971675

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

UNITED CORPORATE SERVICES, INC.
9200 SOUTH DADELAND BLVD.
SUITE 508
MIAMI FL 33156

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 SVPT
NAME DENOYER, BERNARD F.
STREET ADDRESS 208 HARBOR DRIVE
CITY-ST-ZIP STAMFORD CT 06912-0061 ☐ Delete

TITLE D
NAME HARRY GRUNER
STREET ADDRESS 208 HARBOR DR.
CITY-ST-ZIP STAMFORD, CT 06912 ☐ Change ☒ Addition

TITLE D
NAME SALDUTTI, FRANCIS J
STREET ADDRESS 208 HARBOR DR.
CITY-ST-ZIP STAMFORD CT 06912-0061 ☐ Delete

TITLE D
NAME HOWARD RUBIN
STREET ADDRESS 208 HARBOR DR.
CITY-ST-ZIP STAMFORD, CT 06912 ☐ Change ☒ Addition

TITLE D
NAME SIMMONS, MICHAEL
STREET ADDRESS 208 HARBOR DR.
CITY-ST-ZIP STAMFORD CT 06912-0061 ☐ Delete

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

TITLE PDCE
NAME KUTNICK, DALE
STREET ADDRESS 208 HARBOR DR.
CITY-ST-ZIP STAMFORD CT 06912-0061 ☐ Delete

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

TITLE D
NAME MCNAMEE, GEORGE
STREET ADDRESS 208 HARBOR DR.
CITY-ST-ZIP STAMFORD CT 06912-0061 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-13-00 (203) 973-6700

Date

Daytime Phone #

CR2E034 (9/99)

FILED
Jan 22, 2000 8:00 am
Secretary of State

01-22-2000 90082 048 ***150.00

C0009153



DO NOT WRITE IN THIS SPACE