

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Aug 01, 2001 8:00 am**  
**Secretary of State**

08-01-2001 90191 017 \*\*\*550.00

0131723 AT

**DOCUMENT # F95000005872**

1. Entity Name

**DELAWARE META GROUP, INC.**

Principal Place of Business

**208 HARBOR DR.  
 STAMFORD CT 06912-0061**

Mailing Address

**208 HARBOR DR.  
 STAMFORD CT 06912-0061**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**06-0971675**

Applied For

Not Applicable

Zip

Country

Zip

Country

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

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

**UNITED CORPORATE SERVICES, INC.**

**9200 SOUTH DADELAND BLVD.**

**SUITE 508**

**MIAMI FL 33156-0000**

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** Added to

11. OFFICERS AND DIRECTORS

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

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

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

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

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

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN

TITLE CFO, S, T ☐ Change ☒  
 NAME PIONTKOWSKI, JOHN  
 STREET ADDRESS 208 HARBOR DR.  
 CITY-ST-ZIP STAMFORD, CT 06912

TITLE D ☐ Change  
 NAME RUBIN, HOWARD  
 STREET ADDRESS 450 LONG RIDGE RD.  
 CITY-ST-ZIP ROUND RIDGE, NY 10576

TITLE D ☐ Change  
 NAME DOSTER, GAYLE  
 STREET ADDRESS 714 N. SENATE AVE, STE. 200  
 CITY-ST-ZIP INDIANAPOLIS, IN 46202

TITLE ☐ Change  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Chan  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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 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 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 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

**7/20/01**

Date

Day/

Attachment # F95000005872  
B0060884

Received report  
like this from  
US Postal Service