

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 24, 2003 8:00 am
Secretary of State

02-24-2003 90231 044 ***150.00

0000022
AV

DOCUMENT # F96000001369

1. Entity Name

BRENNAND-PAIGE INDUSTRIES, INC.



Principal Place of Business

**509 MADISON AVE
STE 1714
NEW YORK NY 10022
US**

Mailing Address

**509 MADISON AVE
STE 1714
NEW YORK NY 10022
US**

2. Principal Place of Business

**350 Fifth Avenue
Suite 2723**

3. Mailing Address

**350 Fifth Avenue
Suite 2723**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

New York, NY

City & State

New York, NY

Zip

10118

Country

USA

Zip

10118

Country

USA



CHECK HERE IF MAKING CHANGES

4. FEI Number

13-2600864

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**CORPORATION 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. 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

**FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PSTD	<input type="checkbox"/> Delete
NAME	ROSS, JULES	
STREET ADDRESS	509 MADISON AVE STE 1714	
CITY-ST-ZIP	NEW YORK NY 10022	
TITLE	DC	<input type="checkbox"/> Delete
NAME	RABINOWITZ, MARTIN J	
STREET ADDRESS	509 MADISON AVE STE 1714	
CITY-ST-ZIP	NEW YORK NY 10022	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	350 Fifth Avenue Suite 2723	
CITY-ST-ZIP	New York, NY 10118	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	350 Fifth Avenue Suite 2723	
CITY-ST-ZIP	New York, NY 10118	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 10 or Block 11 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

2/20/03 **212-564-3393**
Date Daytime Phone #

CR2E034 (10/02)