

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 06, 2002 8:00 am**  
**Secretary of State**

05-06-2002 90140 020 \*\*\*150.00

DOCUMENT # F96000001797

1. Entity Name

One 2 One, Inc.

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

6115 W. Fullerton Ave

Suite, Apt. #, etc.

3. Mailing Address

450 West 33rd Street

Suite, Apt. #, etc.

11th Floor

City & State

Chicago, IL

City & State

New York, NY

4. FEI Number

36-4071064

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

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IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name

CT Corporation System

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

1200 South Pine Island Road

City

Plantation

FL

Zip Code

33324

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)

☐

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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	DC Drasner, Fred 450 West 33rd Street New York, NY 10001
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DEVP Krall, Martin D. 450 West 33rd Street New York, NY 10001
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DEVP COO Vecchiolla, Joseph D. 450 West 33rd Street New York, NY 10001
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Nardulli, Ettore 450 West 33rd Street New York, NY 10001
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPT Grady, Patrick 450 West 33rd Street New York, NY 10001
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS Kingsley, Bonni 450 West 33rd Street New York, NY 10001

TITLE  
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IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Martin D. Krall - *[Signature]* 4/26/02

Date

Daytime Phone #

CR2E034B (12/01)