

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F96000002063

1. Entity Name

TAMS Consultants, Inc.

Principal Place of Business

Mailing Address

655 Third Avenue
New York, NY 10017

655 Third Avenue
New York, NY 10017

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 13-1800952

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

Corporation Service Company
1201 Hays Street
Tallahassee, FL 32301

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 renewing)

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, 2001 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 DCPT ☐ Delete
NAME Dolcimascolo, Anthony R.
STREET ADDRESS 655 Third Avenue
CITY-ST-ZIP New York, NY 10017

TITLE P/CEO/T/CFO ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP 600004733026--5

TITLE DS ☐ Delete
NAME Fiteni, Jr., Joseph J.
STREET ADDRESS 655 Third Avenue
CITY-ST-ZIP New York, NY 10017

TITLE VP/S ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP -12/13/01-21053-000
****158.75 ****158.75

TITLE D ☐ Delete
NAME Heinzenknecht, G. Barrie
STREET ADDRESS 655 Third Avenue
CITY-ST-ZIP New York, NY 10017

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

TITLE D ☒ Delete
NAME Axelrod, Ronald H.
STREET ADDRESS 38 Chauncy Street
CITY-ST-ZIP Boston, MA 02111

TITLE EVP ☐ Change ☒ Addition
NAME DiBernardo, Albert
STREET ADDRESS 655 Third Avenue
CITY-ST-ZIP New York, NY 10017

TITLE D ☒ Delete
NAME Baragona, Frank A.
STREET ADDRESS 300 Broadacres Drive
CITY-ST-ZIP Bloomfield, NJ 07003

TITLE VP ☐ Change ☒ Addition
NAME E. Patrick Sorensen
STREET ADDRESS 300 Broadacres Drive
CITY-ST-ZIP Bloomfield, NJ 07003

TITLE VP ☐ Delete
NAME Standig, Kenneth F.
STREET ADDRESS 655 Third Avenue
CITY-ST-ZIP New York, NY 10017

TITLE ☐ Change ☒ Addition
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 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

(212) 867-1777

Date

Daytime Phone

CR2E034 (11/00)

Page # 2

TAMS Consultants, Inc.
655 Third Avenue
New York, NY 10017

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2

Item 11/ 12 Continued

| 11. OFFICERS AND DIRECTORS | | 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11: | |
|--|---------------------------------|--|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | VP O'Connor, Brian J. One East Wacker Drive - Suite 1200 Chicago, IL 60601 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | D Linton, Ron M. 17-50 P Street N.W. #406 Washington, D.C. 20036 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

CR2E034 (11/00)

TAMS

(3)

October 30, 2001

UNIFORM BUSINESS REPORT
Division of Corporations
P. O. Box 1500
Tallahassee, FL 32302-1500

RE: Florida U.B.R.

To whom it may concern:

Upon reviewing our files, we have determined that TAMS did not receive the 2001 Uniform Business Report.

Therefore, due to the non-receipt of this document from your office, we are submitting the Uniform Business Report as down-loaded from the Sunbiz.org Internet Web-Site.

In addition, enclosed is our check in the amount of \$225.00 for the appropriate fees.

Please contact the undersigned if additional information is required.

Very truly yours,

TAMS Consultants, Inc.



Cy Nicholas Aures
Finance Operations Manager

Enclosures

TAMS Consultants, Inc.

The TAMS Building 655 Third Avenue New York, NY 10017

(212) 867-1777 Fax (212) 697-6354 Telex ITT 422188