

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 13, 2001 8:00 am
Secretary of State
 02-13-2001 90047 018 ***150.00

DOCUMENT # F96000002104

1. Entity Name
FUNDCO, INC.

Principal Place of Business
**3950 RCA BLVD.
 SUITE 5001
 PALM BEACH GARDENS FL 33410**

Mailing Address
**3950 RCA BLVD.
 SUITE 5001
 PALM BEACH GARDENS FL 33410**



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 **75-2619475**

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

**CT CORPORATION SYSTEM
 1200 S PINE ISLAND RD
 SUITE 105
 PLANTATION FL 33324**

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, 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	VPS	<input checked="" type="checkbox"/> Delete
NAME	TREADWELL, KENNETH A.	
STREET ADDRESS	3950 RCA BLVD STE 5001	
CITY-ST-ZIP	PALM BEACH GARDENS FL 33410	
TITLE	DVP	<input checked="" type="checkbox"/> Delete
NAME	GORANSSON, BARBARA	
STREET ADDRESS	3950 RCA BLVD STE 5001	
CITY-ST-ZIP	PALM BEACH GARDENS FL 33410	
TITLE	VP	<input checked="" type="checkbox"/> Delete
NAME	HAMILTON, GEORGE	
STREET ADDRESS	3950 RCA BLVD STE 5001	
CITY-ST-ZIP	PALM BEACH GARDENS FL 33410	
TITLE	TCFO	<input checked="" type="checkbox"/> Delete
NAME	GREETHAM, DONALD	
STREET ADDRESS	3950 RCA BLVD STE 5001	
CITY-ST-ZIP	PALM BEACH GARDENS FL 33410	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Ram D. Wertheim	
STREET ADDRESS	113 King Street, Armonk, NY 10504	
CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Pauline M. Cullen	
STREET ADDRESS	113 King Street, Armonk, NY 10504	
CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Neil G. Budnick	
STREET ADDRESS	113 King Street, Armonk, NY 10504	
CITY-ST-ZIP		
TITLE	D/P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Bruce R. Wentworth	
STREET ADDRESS	4 Corporate Drive, Shelton, CT 06848	
CITY-ST-ZIP		
TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	George Gundersen	
STREET ADDRESS	3950 RCA Blvd. Suite 5001	
CITY-ST-ZIP	Palm Beach Gardens, Florida 33410	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: *George Gundersen* **GEORGE GUNDERSEN** 02/07/01 561-776-5176
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)