

2000 UNIFORM BUSINESS REPORT (UBR)**FILED**
May 01, 2000 8:00 am
Secretary of State

05-01-2000 90386 001 ***150.00

DOCUMENT # F96000002105

1. Entity Name

CERTACQ, INC.

Principal Place of Business

Mailing Address

**3950 RCA BLVD.
SUITE 5001
PALM BEACH GARDENS FL 33410****3950 RCA BLVD.
SUITE 5001
PALM BEACH GARDENS FL 33410-4227**

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

75-2619492

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

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

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.

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, 2000 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

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	VPS <input checked="" type="checkbox"/> Delete	TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	TREADWELL, KENNETH A.	NAME	Ram Wertheim
STREET ADDRESS	3950 RCA BLVD STE 5001	STREET ADDRESS	113 King Street
CITY-ST-ZIP	PALM BEACH GARDENS FL 33410	CITY-ST-ZIP	Armonk, New York 10504
TITLE	VP <input checked="" type="checkbox"/> Delete	TITLE	D/P <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GORANSSON, BARBARA	NAME	Edward Adler
STREET ADDRESS	3950 RCA BLVD STE 5001	STREET ADDRESS	4 Corporate Drive
CITY-ST-ZIP	PALM BEACH GARDENS FL 33410	CITY-ST-ZIP	Shelton, Connecticut 06484
TITLE	VP <input checked="" type="checkbox"/> Delete	TITLE	D/VP <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HAMILTON, GEORGE	NAME	David Huntley
STREET ADDRESS	3950 RCA BLVD STE 5001	STREET ADDRESS	4 Corporate Center
CITY-ST-ZIP	PALM BEACH GARDENS FL 33410	CITY-ST-ZIP	Shelton, Connecticut 06484
TITLE	CEO <input checked="" type="checkbox"/> Delete	TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GREETHAM, DONALD	NAME	Pauline M Cullen
STREET ADDRESS	3950 RCA BLVD STE 5001	STREET ADDRESS	113 King Street
CITY-ST-ZIP	PALM BEACH GARDENS FL 33410	CITY-ST-ZIP	Armonk, New York 10504
TITLE	<input type="checkbox"/> Delete	TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		NAME	Antony S. Elkins
STREET ADDRESS		STREET ADDRESS	113 King Street
CITY-ST-ZIP		CITY-ST-ZIP	Armonk, New York 10504
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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

Date

561-776-5000

Daytime Phone #

CR2E034 (9/99)