

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # F96000002109****1. Entity Name**
DELINCO, INC.**FILED**
Feb 13, 2001 8:00 am
Secretary of State

02-13-2001 90047 015 ***150.00

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**C0020485**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number **75-2619477**

Applied For

Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional**
Fees Required**6. Name and Address of Current Registered Agent****7. Name and Address of New Registered Agent****CT CORPORATION SYSTEM**
1200 SOUTH PINE ISLAND ROAD
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** ☐ **\$5.00 May Be**
Trust Fund Contribution. Added to Fees**11. OFFICERS AND DIRECTORS****12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
D	WERTHEIM, RAM	113 KING ST	ARMONK NY 10504	<input type="checkbox"/>
D	CULLEN, PAULINE	113 KING ST	ARMONK NY 10504	<input type="checkbox"/>
D	ELKINS, ANTONY S	113 KING ST	ARMONK NY 10504	<input checked="" type="checkbox"/>
DP	ADLER, EDWARD	4 CORPORATE DRIVE	SHELTON CT 06585	<input checked="" type="checkbox"/>
DVP	HAMILTON, DAVID	4 CORPORATE DRIVE	SHELTON CT 06585	<input checked="" type="checkbox"/>
				<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
D	Neil G. Budnick	113 King Street, Armonk, NY	10504	<input checked="" type="checkbox"/>	<input type="checkbox"/>
D/P	Bruce R. Wentworth	4 Corporate Drive, Shelton, CT	06848	<input checked="" type="checkbox"/>	<input type="checkbox"/>
VP	George Gundersen	3950 RCA Blvd. Suite 5001	Palm Beach Gardens, Florida 33410	<input checked="" type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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

Daytime Phone #

CR2E034 (10/00)