

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

APPROVED  
AND  
FILED

03 JUN 25 PM 10:21

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

*[Signature]*

DOCUMENT # F96000002109

1. Entity Name  
**DELINCO, INC.**



Principal Place of Business <del>3950 RCA BLVD.</del> <del>SUITE 5001</del> <del>PALM BEACH GARDENS, FL 33410</del> <b>3960 RCA Blvd. Suite 6002</b> <del>Palm Beach Gardens, 33410</del>	Mailing Address <del>3950 RCA BLVD.</del> <del>SUITE 5001</del> <del>PALM BEACH GARDENS, FL 33410</del> <b>3960 RCA Blvd. Suite 6002</b> <b>Palm Beach Gardens, 33410</b>
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2. Principal Place of Business	3. Mailing Address
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Suite, Apt. #, etc.	Suite, Apt. #, etc.
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City & State	City & State
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Zip	Country	Zip	Country
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☐ CHECK HERE IF MAKING CHANGES

4. FEI Number <b>75-2619477</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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6. Name and Address of Current Registered Agent <b>CT CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324</b>	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code
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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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
After May 1, 2003 Fee will be \$650.00  
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE	D	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	WERTHEIM, RAM			NAME			
STREET ADDRESS	113 KING ST			STREET ADDRESS			
CITY-ST-ZIP	ARMONK, NY 10504			CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	CULLEN, PAULINE			NAME			
STREET ADDRESS	113 KING ST			STREET ADDRESS			
CITY-ST-ZIP	ARMONK, NY 10504			CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	BUDNICK, NEIL G			NAME			
STREET ADDRESS	113 KING ST			STREET ADDRESS			
CITY-ST-ZIP	ARMONK, NY 10504			CITY-ST-ZIP			
TITLE	DP	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	WENTWORTH, BRUCE R			NAME			
STREET ADDRESS	4 CORPORATE DRIVE			STREET ADDRESS			
CITY-ST-ZIP	SHELTON, CT 06848			CITY-ST-ZIP			
TITLE	VP	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	GUNDERSEN, GEORGE			NAME			
STREET ADDRESS	3960 RCA BLVD., SUITE 5001			STREET ADDRESS			
CITY-ST-ZIP	WEST PALM BEACH, FL 33410			CITY-ST-ZIP			
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			

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** *Bruce R. Wentworth*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

(866) 279-6428  
6/13/03

Case Daytime Phone #

CR2E034 (10/02)