

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F96000002192

1. Entity Name

DH TAX, INC.

**FILED**  
**May 01, 2000 8:00 am**  
**Secretary of State**

05-01-2000 90386 003 \*\*\*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 33410-4227

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

75-2619494  
 3648048

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

CT CORPORATION CENTER SYSTEM  
 1200 S PINE ISLAND RD  
 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, 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

|                |                             |  |
|----------------|-----------------------------|--|
| TITLE          | VP                          | <input checked="" type="checkbox"/> Delete |
| NAME           | TREADWELL, KENNETH A.       |  |
| STREET ADDRESS | 8950 RCA BLVD STE 5001      |  |
| CITY-ST-ZIP    | PALM BEACH GARDENS FL 33410 |  |
| TITLE          | DVP                         | <input checked="" type="checkbox"/> Delete |
| NAME           | GORANSSON, BARBARA          |  |
| STREET ADDRESS | 8950 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           | GREETHAN, DONALD            |  |
| STREET ADDRESS | 8950 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 type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME           | Ram Wertheim               |  |
| STREET ADDRESS | 113 King Street            |  |
| CITY-ST-ZIP    | Armonk, New York 10504     |  |
| TITLE          | D/P                        | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME           | Edward Adler               |  |
| STREET ADDRESS | 4 Corporate Drive          |  |
| CITY-ST-ZIP    | Shelton, Connecticut 06434 |  |
| TITLE          | D/VP                       | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME           | David Huntley              |  |
| STREET ADDRESS | 4 Corporate Drive          |  |
| CITY-ST-ZIP    | Shelton, Connecticut 06434 |  |
| TITLE          | D                          | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME           | Pauline M. Cullen          |  |
| STREET ADDRESS | 113 King Street            |  |
| CITY-ST-ZIP    | Armonk, New York 10504     |  |
| TITLE          | D                          | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME           | Antony S. Elkins           |  |
| STREET ADDRESS | 113 King Street            |  |
| CITY-ST-ZIP    | Armonk, New York 10504     |  |
| 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/21/00

Date

561-976-5000

Daytime Phone #

CR2E034 (9/99)