

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 08, 2000 8:00 am
Secretary of State
 06-08-2000 90445 013 ***150.00

DOCUMENT # **F96000004123**

1. Entity Name
Welcome Wagon International Inc. *N/C 4/28*

Principal Place of Business Mailing Address

U0059623

2. Principal Place of Business
115 So. Service Rd.
 Suite, Apt. #, etc.
 City & State **Westbury, NY**
 Zip **11590** Country **USA**

3. Mailing Address
6 Sylvan Way
 Suite, Apt. #, etc. **Legal Dept.**
 City & State **Parsippany, NJ**
 Zip **07054** Country **USA**

4. FEI Number **11-2346258**
 Applied For
 Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent
CT Corporation
1200 So. Pine Island Rd.
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 _____ (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

TITLE	Director	<input type="checkbox"/> Delete
NAME	James Buckman	
STREET ADDRESS	6 Sylvan Way	
CITY-ST-ZIP	Parsippany, NJ 07054	
TITLE	Director	<input type="checkbox"/> Delete
NAME	Richard Smith	
STREET ADDRESS	6 Sylvan Way	
CITY-ST-ZIP	Parsippany, NJ 07054	
TITLE	President	<input type="checkbox"/> Delete
NAME	Douglas Patterson	
STREET ADDRESS	115 So. Service Rd.	
CITY-ST-ZIP	Westbury, NY 11590	
TITLE	Secretary	<input type="checkbox"/> Delete
NAME	Eric Bock	
STREET ADDRESS	9 West 57th St.	
CITY-ST-ZIP	New York, NY 10019	
TITLE	Treasurer	<input type="checkbox"/> Delete
NAME	Duncan Cocroft	
STREET ADDRESS	6 Sylvan Way	
CITY-ST-ZIP	Parsippany, NJ 07054	
TITLE	Vice President	<input type="checkbox"/> Delete
NAME	Joseph Huber	
STREET ADDRESS	6 Sylvan Way	
CITY-ST-ZIP	Parsippany, NJ 07054	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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: *Joseph J. Huber* **5/18/00** **973-496-9700**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)