

2000 UNIFORM BUSINESS REPORT (UBR)

1/20/00-90242-037-\$150.00-\$150.00

98160

DOCUMENT # F96000005414

1. Entity Name
INTERNATIONAL CORPORATE MARKETING GROUP, INC.

FILED

00 APR 10 AM 8:58

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business
100 CAMPUS DR #250
FLORHAM PARK NJ 07932

Mailing Address
100 CAMPUS DR #250
FLORHAM PARK NJ 07932-1020

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
NOT APPLICABLE

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

INSURANCE COMMISSIONER
CAPITOL
TALLAHASSEE FL 32399-0300

Name
C.T. CORPORATION SYSTEM

Street Address (P.O. Box Number is Not Acceptable)

1200 SO. PINE ISLAND RD.

City
PLANTATION

FL

Zip Code
33324

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

Connie Bryan

CONNIE BRYAN
SPECIAL ASSISTANT SECRETARY

April 10, 2000

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 | DR | BOSSER, WENDELL J | <input checked="" type="checkbox"/> Delete |
| NAME | | 149 WEXFORD WAY | |
| STREET ADDRESS | | BASKING RIDGE NJ 07920 | |
| CITY-ST-ZIP | | | |
| TITLE | C | GINNETTI, JOHN P | <input checked="" type="checkbox"/> Delete |
| NAME | | 8 GRANT ESTATE DR | |
| STREET ADDRESS | | WEST SIMSBURY CT 06092 | |
| CITY-ST-ZIP | | | |
| TITLE | V | KNAPE, RON | <input type="checkbox"/> Delete |
| NAME | | 40 EAGLE NEST RD | |
| STREET ADDRESS | | MORRISTOWN NJ 07960 | |
| CITY-ST-ZIP | | | |
| TITLE | VP | CHAFFEE, NEIL S | <input type="checkbox"/> Delete |
| NAME | | 6 CHRISTOPHER CT. | |
| STREET ADDRESS | | FLNDERS NJ | |
| CITY-ST-ZIP | | | |
| TITLE | | | <input type="checkbox"/> Delete |
| NAME | | | |
| STREET ADDRESS | | | |
| CITY-ST-ZIP | | | |
| TITLE | | | <input type="checkbox"/> Delete |
| NAME | | | |
| STREET ADDRESS | | | |
| CITY-ST-ZIP | | | |

| | | | |
|----------------|--|----------------------|---|
| TITLE | | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | SEE ATTACHED LISTING | |
| 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:

SP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/1/00

Date

973-966-5522

Daytime Phone #

CR2E034 (9/99)

10293
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902614

OFFICERS AND DIRECTORS OF
INTERNATIONAL CORPORATE MARKETING GROUP, INC.

OFFICERS

PRESIDENT: Joseph F. Mahoney,

ICMG

100 Campus Dr., Ste. 250
Florham Park, NJ 07932

EXECUTIVE VICE PRESIDENT,

SECRETARY/TREASURER: James P. Van Etten

"

EXECUTIVE VICE PRESIDENT: Neil S. Chaffee

"

EXECUTIVE VICE PRESIDENT: Ron Knappe

"

EXECUTIVE VICE PRESIDENT: James Hedreen

"

VICE PRESIDENT: David A. Carlson

200 Hopmeadow St.
Simsbury, CT 06070

VICE PRESIDENT: James Ellwanger

ICMG

100 Campus Dr., Ste 250
Florham Park, NJ 07932

VICE PRESIDENT: David T. Foy

200 Hopmeadow St.

VICE PRESIDENT: Lynda Godkin

Simsbury, CT 06070

"

VICE PRESIDENT: Michael Jandoli

ICMG

100 Campus Dr., Ste 250
Florham Park, NJ 07932

VICE PRESIDENT: Gerard Martin

"

VICE PRESIDENT: Paul Reiss

"

REGIONAL VICE PRESIDENT: Michael Stolbach

"

VICE PRESIDENT: Chris Garvin

"

ASSISTANT VICE PRESIDENT: Jonathan F. Lea

"

ASSISTANT VICE PRESIDENT: Thomas A. Klee

200 Hopmeadow St.
Simsbury, CT 06070

ASSISTANT VICE PRESIDENT: Dawn M. Cormier

"

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ASSISTANT VICE PRESIDENT: Diane E. Tatelman "

ASSISTANT VICE PRESIDENT: Sabrina Model ICMG
100 Campus Dr., Ste. 250
Florham Park, NJ 07932

ASSISTANT VICE PRESIDENT: Andrea L. Potts "

ASSISTANT VICE PRESIDENT: Patricia D. Ryan "

BOARD OF DIRECTORS:

DIRECTOR: Joseph F. Mahoney

ICMG
100 Campus Drive, Ste 250
Florham Park, NJ 07932

DIRECTOR: Lowndes A. Smith

Hartford Life Ins. Co.
200 Hopmeadow St.
Simsbury, CT 06070

DIRECTOR: Thomas Marra "

ICMGLI10
c: Jack Morsell

11/11/99

BP