

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F97000000662

1. Entity Name

ELF DEVELOPMENT, INC.

FILED
Apr 13, 2000 8:00 am
Secretary of State

04-13-2000 90092 005 ***150.00

Principal Place of Business

Mailing Address

444 MADISON AVE. 20TH FL
NEW YORK NY 10022

444 MADISON AVE., 20TH FL
NEW YORK NY 10022-6903

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

76-0303621

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

C T 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, 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 DCP ☐ Delete
NAME PARET, DOMINIQUE
STREET ADDRESS 444 MADISON AVE, 20 FLR
CITY-ST-ZIP NY NY 10022

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE DV ☐ Delete
NAME CHAPELET, GILBERT
STREET ADDRESS ELF ANTAR FRANCE, CENTRE DE RECHERCHE ELF
CITY-ST-ZIP BP 77-69360 SOLAIZA, FRANCE

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE DV ☐ Delete
NAME CLEMENT, GEORGES
STREET ADDRESS TOUR ELF PLACE DE LA COUPOLE GEDEX-45
CITY-ST-ZIP 92078 PARIS-LA-DEFENSE 6, FR

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE T ☐ Delete
NAME BENSON, DAVID A
STREET ADDRESS 444 MADISON AVE, 20 FLR
CITY-ST-ZIP NY NY 10022

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE V ☐ Delete
NAME HENNESSY, JOHN F II
STREET ADDRESS 444 MADISON AVE., 20 FLR
CITY-ST-ZIP NY NY 10022

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE S ☐ Delete
NAME MCGUIRE, EUGENE
STREET ADDRESS 444 MADISON AVE., 20 FLR
CITY-ST-ZIP NY NY 10022

TITLE ☐ Change ☐ 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:

JOHN F. HENNESSY II
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/3/2000 (212) 922-3000
Date Daytime Phone #

CR2E034 (9/99)