

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F97000002333

1. Entity Name

LCS INDUSTRIES, INC.

FILED
Mar 31, 2000 8:00 am
Secretary of State

03-31-2000 90063 049 ***150.00

Principal Place of Business

Mailing Address

120 BRIGHTON RD
CLIFTON NJ 07012-1694

120 BRIGHTON RD
CLIFTON NJ 07012-1606

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

13-2648333

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

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525

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
NAME
STREET ADDRESS
CITY-ST-ZIP
PCEO
RELLA, WILLIAM
13355 SW 15TH COURT, APT. 309
PEMBROKE PINES FL 33027 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Controller
James E. Quinlan
120 Brighton Road
Clifton NJ 07012 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VCS
COHEN, MARVIN
862 BATTEL PLACE
ORADELL NJ 07649 ☒ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
BERCZI, PETER
3250 BLOOR ST, 11TH FLOOR
TORONTO ON M8-X2X9 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
Seth M. Mersky
161 Bay St. 49th floor
Toronto ON M5J 251 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
BRIGGS, MARK
644 ELLIOTT ST
BUFFALO NY 14203 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
Thomas O. Harbison
8117 Preston Road Suite 205
Dallas TX 75225 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
T
FRUSTACI, PAT-R
120 BRIGHTON RD
CLIFTON NJ 07012-1694 ☒ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
DEA, THOMAS P
161 BAY ST, 49TH FLOOR
TORONTO ON M5J- 251 ☐ Delete

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

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

Day

Daytime Phone #