

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F97000003321 (3) ✓

1. Entity Name

ORIGIN TECHNOLOGY IN BUSINESS, INC

FILED
Apr 19, 2000 8:00 am
Secretary of State

04-19-2000 90115 026 ***150.00

Principal Place of Business
1764A New Durham Road
South Plainfield, NJ 07080

Mailing Address
1764 New Durham Road
South Plainfield NJ 07080

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 133473749
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

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	PRESIDENT	☐ Delete
NAME	MR. STEVEN B. TRUITT	
STREET ADDRESS	430 MOUNTAIN AVE	
CITY-ST-ZIP	MURRAY HILL, NJ 07092	
TITLE	VICE PRESIDENT	☐ Delete
NAME	JAMES T. CURHAM	
STREET ADDRESS	400 Mountain Avenue	
CITY-ST-ZIP	MURRAY HILL, NJ 07092	
TITLE	VICE PRESIDENT	☐ Delete
NAME	MARTIN HENCK	
STREET ADDRESS	430 MOUNTAIN AVE	
CITY-ST-ZIP	MURRAY HILL NJ 07092	
TITLE	ASSISTANT Secretary	☐ Delete
NAME	PAUL FRIEDLANDER	
STREET ADDRESS	1251 AVENUE OF THE AMERICAS	
CITY-ST-ZIP	New York, New York 10020	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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)(l), 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

VICE PRESIDENT APRIL 5, 2000 732-572-4900

Date

Daytime Phone #

CR2E034 (9/99)