

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT #

F9700000 3832

1. Entity Name

GRAHAM-FIELD, INC.

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

05-31-2000 90038 036 ***150.00

Principal Place of Business

Mailing Address

81 SPENCE STREET
BAYSHORE NY 11706

81 SPENCE ST.
BAYSHORE NY 11706-2206



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

11-1820299

Applied For

Not Applicable

Zip

Country

Zip

Country

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)

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	VF	<input checked="" type="checkbox"/> Delete
NAME	TRENTACOSTA, JOSEPH	
STREET ADDRESS	25 W. ELM ST	
CITY-ST-ZIP	GREENWICH CT 06830	
TITLE	VA	<input checked="" type="checkbox"/> Delete
NAME	SCHERER, BARBARA	
STREET ADDRESS	98 W. GATE DR.	
CITY-ST-ZIP	HUNTINGTON NY 11743	
TITLE	VO	<input checked="" type="checkbox"/> Delete
NAME	LIGUORI, RALPH	
STREET ADDRESS	699 TOWERS MEWS	
CITY-ST-ZIP	OAKDALE NY 11759	
TITLE	EVSM	<input checked="" type="checkbox"/> Delete
NAME	WINOCUR, PETER	
STREET ADDRESS	14 WOODLEE RD.	
CITY-ST-ZIP	COLD SPRING HARBOR NY 11724	
TITLE	VGC	<input checked="" type="checkbox"/> Delete
NAME	KOTODNY, RICHARD	
STREET ADDRESS	44 SPRING CT.	
CITY-ST-ZIP	MUTTONTOWN NY 11791	
TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	SCHAWRTZ, JEFFERY	
STREET ADDRESS	41 ROSLYN CT.	
CITY-ST-ZIP	JEFFERSON NY 11777	

TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	(SEE ATTACHED)	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input checked="" 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: X

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)

F97000003822
853777

GRAHAM-FIELD INC.

<u>Corporate Officers</u>	<u>Title</u>	<u>Address</u>
David Hilton	C/E/O	81 Spence Street, Bayshore New York 11706
Michael Joffred	C/F/O	81 Spence Street, Bayshore New York 11706
Larry de la Haba	Sr. Vice Pres.- Sales	81 Spence Street, Bayshore New York 11706
Bob Mealey	Sr. Vice Pres.- Operations	81 Spence Street, Bayshore New York 11706
Peter Winocur	Vice Pres. - Sales/Marketing	81 Spence Street, Bayshore New York 11706

<u>Directors</u>	<u>Address</u>
Thomas Opladen	81 Spence Street Bayshore, NY 11703
William Nicoletti	81 Spence Street Bayshore, NY 11706
Louis A. Lubrano	81 Spence Street Bayshore, NY 11706