

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 07, 2003 8:00 am
Secretary of State

04-07-2003 90137 025 ***150.00

DOCUMENT # F98000000058

1. Entity Name
Archer Management Services, Inc.

DO NOT WRITE IN THIS SPACE

90073275

2. Principal Place of Business
855 AVENUE OF THE AMERICAS

3. Mailing Address
855 AVENUE OF THE AMERICAS

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
NEW YORK

City & State
NEW YORK

4. FEI Number
13-3978583

Applied For
Not Applicable

Zip
10001-4198

Country
USA

Zip
10001-4198

Country
USA

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name **CT CORPORATION SYSTEM**

Street Address (P.O. Box Number is Not Acceptable)
1200 SOUTH PINE ISLAND ROAD

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

DATE

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$81.25
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE **CFO**
NAME **STEPHEN D. MACKAY**
STREET ADDRESS **280 REDMOND AVENUE**
CITY - ST - ZIP **S. ORANGE, NJ 07079**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE **PRESIDENT & CEO**
NAME **MITCHELL WEINER**
STREET ADDRESS **26 FORTUNE LANE**
CITY - ST - ZIP **JERICHO, NY 11753**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE **COO**
NAME **WALTER BARANSKY**
STREET ADDRESS **6103 LIEBIG AVENUE**
CITY - ST - ZIP **RIVERDALE, NY 10471**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE **DIRECTOR**
NAME **RON DALY**
STREET ADDRESS **5450 N. CUMBERLAND AVENUE**
CITY - ST - ZIP **CHICAGO, IL 60656**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE **DIRECTOR**
NAME **DENNIS RIORDAN**
STREET ADDRESS **5450 N. CUMBERLAND AVENUE**
CITY - ST - ZIP **CHICAGO, IL 60656**

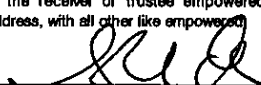
TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE **DIRECTOR (RETIRED)**
NAME **GIOVANNI PELIZARRI**
STREET ADDRESS **5450 N. CUMBERLAND AVENUE**
CITY - ST - ZIP **CHICAGO, IL 60656**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

DO NOT WRITE IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 10 or on an attachment with an address, with all other like empowered.

SIGNATURE:  **STEPHEN D. MACKAY**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03/26/03 **212-502-2100**
Date Daytime Phone #

CR2E034B (12/02)