

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 16, 2003 8:00 am
Secretary of State

01-16-2003 90073 010 ***150.00

DOCUMENT # F98000000929

1. Entity Name
BUCK CONSULTANTS, INC.



Principal Place of Business
**ONE PENNSYLVANIA PLAZA
NEW YORK NY 10121**

Mailing Address
**ONE MELLON CENTER
ROOM 772
SECAUCUS NJ 07096**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Pittsburgh PA

4. FEI Number **13-3954297**

Applied For
Not Applicable

Zip

Country

Zip

Country

15258-0001 USA

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

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**CD
LOCICERO, JOSEPH A
1 PENNSYLVANIA PLAZA
NEW YORK NY 10119-4798** ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**T
STEPHEN, GARY
500 PLAZA DR
SECAUCUS NJ 07096** ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**S
KENNEDY, JOHN H
500 PLAZA DR
SECAUCUS NJ 07096** ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
MERRIL, SUE D
ONE PENNSYLVANIA PLAZA
NEW YORK NY 10119-4798** ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
ZIMMERMAN, BRUCE D
2045 ELIZA DORSEY LANE
ELLICOTT CITY MD 21042** ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**S
FESSLER, THOMAS ALLAN
ONE PENNSYLVANIA PLAZA
NEW YORK, NY 10119-4798** ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
WIBER, GARY J
1010 BLACK ROCK ROAD
GLADWYNE PA 19035** ☐ Delete

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

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Joanne S Huber*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-10-03

412-236-8057

Date

Daytime Phone #

CR2E034 (10/02)