

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****May 05, 2001 8:00 am**
Secretary of State

05-05-2001 90834 022 ***150.00

DOCUMENT # F98000002526

1. Entity Name

CONFAB HOLDING CORP.

Principal Place of Business

**ONE TYCO PARK
EXETER NH 03833**

Mailing Address

**PO BOX 3038
BOCA RATON FL 33486**

2. Principal Place of Business

3. Mailing Address

P.O. Box 3038

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Boca Raton FL4. FEI Number **02-0498420**

Applied For

Not Applicable

Zip

Country

Zip

Country

33431-0938**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.

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, 2001 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		TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	
	D			<input type="checkbox"/> Delete					<input type="checkbox"/> Change <input type="checkbox"/> Addition
	GUTIN, IRVING	ONE TYCO PARK	EXETER NH 03833						
	DP			<input type="checkbox"/> Delete					<input type="checkbox"/> Change <input type="checkbox"/> Addition
	MEELIA, RICHARD J	15 HAMPSHIRE ST.	MANSFIELD MA 02048						
	V			<input type="checkbox"/> Delete					<input type="checkbox"/> Change <input type="checkbox"/> Addition
	DOCKENDORFF, CHARLES J	15 HAMPSHIRE ST	MANSFIELD MA 02048						
	T			<input type="checkbox"/> Delete					<input type="checkbox"/> Change <input type="checkbox"/> Addition
	ROBINSON, MICHAEL A	ONE TOWN CENTER RD.	BOCA RATON FL 33486						
	S			<input type="checkbox"/> Delete					<input type="checkbox"/> Change <input type="checkbox"/> Addition
	MASTERSON, JOHN	15 HAMPSHIRE ST.	MANSFIELD MA 02048						
	AS			<input checked="" type="checkbox"/> Delete					<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
	PERILLO, VANESSA S	ONE TOWN CENTER RD	BOCA RATON FL 33486			VP/Asst. Treasurer	Scott Stevenson	One Town Center Road	Boca Raton FL 33486

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

Scott Stevenson VP/Asst. Treas. 4/24/01 (561) 988-6376

Date

Daytime Phone #

CR2E034 (10/00)