

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 14, 2002 8:00 am**  
**Secretary of State**

05-14-2002 90352 010 \*\*\*150.00

DOCUMENT # *F98000003014*

1. Entity Name

*CCS Consolidated, Inc.*

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

*12301 NW 39th St.*

3. Mailing Address

*12301 NW 39th St.*

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

*Coral Springs, FL*

City & State

*Coral Springs, FL*

4. FEI Number

*65-0824378*

Applied For

Not Applicable

Zip

*33065-2403*

Country

Zip

*33065-2403*

Country

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

*United Corporate Services, Inc.*

Street Address (P.O. Box Number is Not Acceptable)

*9200 South Dadeland Blvd.*

*Suite 508*

City

*Miami*

FL

Zip Code

*33156-0000*

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.

January 1<sup>st</sup> - May 1<sup>st</sup> Fee is \$150.00

After May 1<sup>st</sup> Fee is \$550.00

Amended UBR is \$61.25

(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

TITLE	<i>C/D</i>
NAME	<i>Waxman, Albert</i>
STREET ADDRESS	<i>625 Avenue of the Americas</i>
CITY - ST - ZIP	<i>New York, NY 10011</i>
TITLE	<i>P/D</i>
NAME	<i>Dollard, Virginia M.</i>
STREET ADDRESS	<i>12301 NW 39th St.</i>
CITY - ST - ZIP	<i>Coral Springs, FL 33065-2403</i>
TITLE	<i>D</i>
NAME	<i>Davis, Jordan S.</i>
STREET ADDRESS	<i>1 Rocketteller Plaza Ste. 920</i>
CITY - ST - ZIP	<i>New York, NY 10020</i>
TITLE	<i>D</i>
NAME	<i>Lenihan, Lawrence D.</i>
STREET ADDRESS	<i>153 East 53rd St. 35th Floor</i>
CITY - ST - ZIP	<i>New York, NY 10022</i>
TITLE	<i>D</i>
NAME	<i>Thangaraj, Immanuel</i>
STREET ADDRESS	<i>190 South LaSalle St. Ste. 2800</i>
CITY - ST - ZIP	<i>Chicago, IL 60603</i>
TITLE	<i>V/T</i>
NAME	<i>Ristau, Charles</i>
STREET ADDRESS	<i>12301 NW 39th St.</i>
CITY - ST - ZIP	<i>Coral Springs, FL 33065-2403</i>

TITLE	
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NAME	
STREET ADDRESS	
CITY - ST - ZIP	

**DO NOT WRITE IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

*Nancy L. Bachman*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*Nancy L. Bachman*

*4-25-02*

*(954) 796-3710*

Date

Daytime Phone #

CR2E034B (12/01)

Addendum to Block #11 of the  
For Profit Corporation Uniform Business Report  
Due May 1, 2002

Entity Name: *CCS Consolidated, Inc.*

FEI Number: *65-0824378 / 658248*

Title *V/S*  
Name *Bachman, Nancy L.*  
Street Address *12301 NW 39<sup>th</sup> St.*  
City-St-Zip *Coral Springs, FL 33065-2403*