

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F98000003242

1. Entity Name
SPEARHEAD SYSTEM CONSULTANTS (US) LTD. CO.

FILED
Jul 20, 2000 8:00 am
Secretary of State

07-20-2000 90013 038 ***550.00

Principal Place of Business
55 BROAD STREET, 24TH FLOOR
NEW YORK NY 10004

Mailing Address
55 BROAD STREET, 24TH FLOOR
NEW YORK NY 10004



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 11-3203309

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

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525

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 \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
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 PD
NAME FYNN, CHRIS
STREET ADDRESS 53 BACON ROAD
CITY-ST-ZIP OLD WESTBURY NY 11568-1502 ☐ Delete

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS Pobox 1039
CITY-ST-ZIP NEW YORK, NY 10274-1039

TITLE VD
NAME VERMEULEN, ELIZABETH
STREET ADDRESS 53 BACON ROAD
CITY-ST-ZIP OLD WESTBURY NY 11568-1502 ☐ Delete

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Change ☐ 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:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/6/00

212 440 5010

Date

Daytime Phone #

CR2E034 15/001