

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 16, 2001 8:00 am**  
**Secretary of State**

05-16-2001 90265 039 \*\*\*150.00

**DOCUMENT # F98000003461**

1. Entity Name

**NYLTEMPS Inc.**

Principal Place of Business

**51 Madison Avenue  
New York, NY 10010**

Mailing Address

**51 Madison Avenue  
New York, NY 10010**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

**13-3638736**

Applied For

Not Applicable

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

**CT 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 ☐ Delete  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**SEE ATTACHED  
LISTING OF OFFICERS AND DIRECTORS**

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

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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

**Mark Meirowitz, Secretary**

Date

**4/30/01**

Daytime Phone #

**212 576 5683**

CR2E034 (11/00)

Att Doc # F98000003461 - C0067962

**NYLTEMPs INC.**  
**Attachment to State of Florida**  
**2001 Uniform Business Report**

**OFFICERS**

<b>Name</b>	<b>Title</b>	<b>Address</b>
George J. Trapp	Chairman	51 Madison Avenue New York, NY 10010
Richard A. Hansen	President	51 Madison Avenue New York, NY 10010
Jay Calhoun	Senior Vice President and Treasurer	51 Madison Avenue New York, NY 10010
Richard W. Zuccaro	Vice President	51 Madison Avenue New York, NY 10010
Clara B. Grosso	Vice President	51 Madison Avenue New York, NY 10010
Ronald J. Terry	Vice President & Controller	51 Madison Avenue New York, NY 10010
Mark Meirowitz	Secretary	51 Madison Avenue New York, NY 10010
Edward T. Pilner	Assistant Controller	51 Madison Avenue New York, NY 10010

**DIRECTORS**

<b>Name</b>	<b>Address</b>
Lynne M. Cohn	51 Madison Avenue New York, NY 10010
Angela A. Coleman	51 Madison Avenue New York, NY 10010
Clara B. Grosso	51 Madison Avenue New York, NY 10010
Richard A. Hansen	51 Madison Avenue New York, NY 10010
George J. Trapp	51 Madison Avenue New York, NY 10010
Richard D. Levy	51 Madison Avenue New York, NY 10010