

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Sep 05, 2001 8:00 am**  
**Secretary of State**

09-05-2001 90003 037 \*\*\*550.00

0131801 AT

**DOCUMENT # F98000004202**

1. Entity Name  
**TRIARCO INDUSTRIES INC.**

Principal Place of Business: **400 HAMBURG TURNPIKE WAYNE NJ 07470**  
 Mailing Address: **400 HAMBURG TURNPIKE WAYNE NJ 07470**

2. Principal Place of Business: Suite, Apt. #, etc.  
 3. Mailing Address: Suite, Apt. #, etc.

City & State: City & State

Zip: Country Zip: Country



DO NOT WRITE IN THIS SPACE

4. FEI Number **27-283081998** Applied For   
 Not Applicable

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent  
**C-T-CORPORATION SYSTEM**  
**1200 SOUTH PINE ISLAND ROAD**  
**PLANTATION FL 33324**

7. Name and Address of New Registered Agent  
 Name: \_\_\_\_\_  
 Street Address (P.O. Box Number is Not Acceptable): \_\_\_\_\_  
 City: \_\_\_\_\_ **FL** Zip Code: \_\_\_\_\_

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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 12, 2001 Fee 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 NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>PCD</b><br><b>ROHDE SR, RODGER R</b><br><b>400 HAMBURG TURNPIKE</b><br><b>WAYNE NJ</b> <input type="checkbox"/> Delete | TITLE NAME<br>STREET ADDRESS<br>CITY-ST-ZIP           | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>ST</b><br><b>APPIERTO, ANGELO R</b><br><b>400 HAMBURG TURNPIKE</b><br><b>WAYNE NJ</b> <input type="checkbox"/> Delete  | TITLE NAME<br>STREET ADDRESS<br>CITY-ST-ZIP           | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>D</b><br><b>ROHDE, CHRISTOPHER</b><br><b>400 HAMBURG TURNPIKE</b><br><b>WAYNE NJ</b> <input type="checkbox"/> Delete   | TITLE NAME<br>STREET ADDRESS<br>CITY-ST-ZIP           | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>D</b><br><b>ROHDE, CYNTHIA</b><br><b>400 HAMBURG TURNPIKE</b><br><b>WAYNE NJ</b> <input type="checkbox"/> Delete       | TITLE NAME<br>STREET ADDRESS<br>CITY-ST-ZIP           | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>V</b><br><b>MENENDEZ, ANDRES E</b><br><b>400 HAMBURG TURNPIKE</b><br><b>WAYNE NJ</b> <input type="checkbox"/> Delete   | TITLE NAME<br>STREET ADDRESS<br>CITY-ST-ZIP           | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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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)(f), 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: Angelo R. Apintero Date: 8-24-01

CR2E034 (5/01)