

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F98000005245

1. Entity Name

NELSON ADMINISTRATIVE SERVICES, INC.

FILED
May 08, 2000 8:00 am
Secretary of State

05-08-2000 90154 040 ***150.00

Principal Place of Business

Mailing Address

CARNEGIE CENTER, SUITE 102
 NEW YORK NJ 08540

41 MADISON AVE.
 31ST FLOOR
 NEW YORK NY 10010-2202

952068



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

41 MADISON AVENUE

3. Mailing Address

Suite, Apt. #, etc.

31ST FLOOR

Suite, Apt. #, etc.

City & State

NEW YORK NY

City & State

4. FEI Number

22-3408628

Applied For

Not Applicable

Zip

10010

Country

USA

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 \$150.00
After MAY 1, 2000 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
 DPAS
 MOORE, THOMAS A CEO
 41 MADISON AVENUE
 NEW YORK NY 10010 ☐ Delete

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

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
 D
 SCARPERI, PETER J
 105 MADISON AVENUE
 NEW YORK NY 10010 ☐ Delete

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

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
 DCOB
 NELSON, WAYNE K
 41 MADISON AVENUE
 NEW YORK NY 10010 ☐ Delete

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

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
 EVST
 LAW-GISIKO, PETER
 41 MADISON AVENUE
 NEW YORK NY 10010 ☐ Delete

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

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
 CONTROLLER
 JOHN NABIAL
 41 MADISON AVE-31st FL
 NEW YORK, NY 10010 ☐ Change ☒ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
 ASST. CONTROLLER
 ROBERT HENLEY
 41 MADISON AVE-31st FL.
 NEW YORK, NY 10010 ☐ Change ☒ Addition

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 *Robert Henley* **SIGNATURE REQUIRED**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04-18-00

Date

(212) 448-6670

Daytime Phone #

CR2E034 (9/99)