

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F99000001389

1. Entity Name
BUSINESSEGE SOLUTIONS INC.

FILED
Mar 06, 2001 8:00 am
Secretary of State

03-06-2001 90361 020 ***150.00

Principal Place of Business Mailing Address
399 THORNALL ST. 399 THORNALL ST.
EDISON NJ 08837 EDISON NJ 08837

2. Principal Place of Business 3. Mailing Address
One Tower Center Blvd. One Tower Center Blvd.
Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State
East Brunswick, NJ East Brunswick, NJ
Zip 08816 Country Zip 08816 Country

4. FEI Number 22-3631481 Applied For
Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent
CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525

7. Name and Address of New Registered Agent
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
TITLE NAME STREET ADDRESS CITY-ST-ZIP
CD CASAGRANDE, FRANCIS J 399 THORNALL ST. EDISON NJ 08837
PCEO ARTURI, FRANCIS J 399 THORNALL ST. EDISON NJ 08837
VD JAIN, SHALENDRA 399 THORNALL ST. EDISON NJ 08837
VD GIBSON, PETER 399 THORNALL ST. EDISON NJ 08837
VCFO MCKEEVER, PETER 399 THORNALL ST. EDISON NJ 08837
VSAT GRUBER, SCOTT 399 THORNALL ST. EDISON NJ 08837

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
TITLE NAME STREET ADDRESS CITY-ST-ZIP
Change Addition
Change Addition
Change Addition
Change Addition
Change Addition
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 address, with all other like empowered.

SIGNATURE: *[Signature]* 1-29-01 (732) 452-7108
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2034 (10/00)