

2001 UNIFORM BUSINESS REPORT (UBR)

5/1:

FILED
Jun 21, 2001 8:00 am
Secretary of State

05-17-2001 91298 033 ***150.00

DOCUMENT # F99000005184

1. Entity Name

SCARBOROUGH ALLIANCE CORPORATION

(Handwritten initials)

Principal Place of Business

Mailing Address

C/O SCARBOROUGH ALLIANCE
 1 BRIDGE STREET
 IRVINGTON NY 10533

C/O SCARBOROUGH ALLIANCE
 1 BRIDGE STREET
 IRVINGTON NY 10533

8226



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

13-3294863

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 \$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	C	<input type="checkbox"/> Delete
NAME	CARDONE, DENIS	
STREET ADDRESS	1 BRIDGE STREET	
CITY-ST-ZIP	IRVINGTON NY 10533	
TITLE	P	<input type="checkbox"/> Delete
NAME	HUGHES, IAN K	
STREET ADDRESS	1 BRIDGE STREET	
CITY-ST-ZIP	IRVINGTON NY 10533	
TITLE		<input type="checkbox"/> Delete
NAME		
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NAME		
STREET ADDRESS		
CITY-ST-ZIP		

CR2E034 (10/00)

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:

(Handwritten signature)

IAN K HUGHES

4/16/01

914-591-9200

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #