

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 09, 2004 8:00 am
Secretary of State

02-09-2004 90062 039 ***150.00

DOCUMENT # H35930

1. Entity Name
SPECTRUM LAND COMPANY



Principal Place of Business
**700 SYLVAN AVE
ENGLEWOOD CLIFFS, NJ 07632**

Mailing Address
**700 SYLVAN AVE
ENGLEWOOD CLIFFS, NJ 07632**

94012685



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

01302004

Chg-P

CR2E034 (10/03)

4. FEI Number

59-2481792

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

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PT
NAME KASTRURIRANGAMS, VENKATESH ☐ Delete
STREET ADDRESS 33 BENEDICT PL
CITY-ST-ZIP GREENWICH, CT 06830

TITLE D
NAME RADIN, ANTHONY B ☐ Delete
STREET ADDRESS 700 SYLVAN AVE
CITY-ST-ZIP ENGLEWOOD CLIFFS, NJ 07632

TITLE AS
NAME LEONARD, KENNETH C ☐ Delete
STREET ADDRESS 33 BENEDICT PLACE
CITY-ST-ZIP GREENWICH, CT 06830

TITLE AT
NAME KRANTZ, JOHN ☐ Delete
STREET ADDRESS 800 SYLVAN AVENUE
CITY-ST-ZIP ENGLEWOOD CLIFFS, NY 07632

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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

TITLE Assistant Treasurer, Tax
NAME Robert Wesche, Jr. ☐ Change ☒ Addition
STREET ADDRESS 700 Sylvan Avenue
CITY-ST-ZIP Englewood Cliffs, NJ 07632

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

12. 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 10 or Block 11 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

Robert J. Wesche, Jr.

Date

Daytime Phone #

201-894-2498