

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # K18518

1. Entity Name

6900 CORP.

FILED
May 23, 2000 8:00 am
Secretary of State

05-23-2000 90245 036 ***150.00

Principal Place of Business

Mailing Address

ATTN: JOSEPHINE MILLER
 260 LONG RIDGE ROAD
 STAMFORD CT 06927
 US

DEPT 8109
 260 LONG RIDGE RD.
 STAMFORD CT 06927-1600

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0037955

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

C T CORPORATION SYSTEM
 1200 SOUTH PINE ISLAND ROAD
 PLANTATION FL 33324

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 ☐ Delete
 NAME P
 STREET ADDRESS FRAIZER, MIKE
 CITY-ST-ZIP 292 LONG RIDGE ROAD
 STAMFORD CT 06927

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

TITLE ☐ Delete
 NAME V
 STREET ADDRESS MARTINDALE, DAVID R
 CITY-ST-ZIP 292 LONG RIDGE ROAD
 STAMFORD CT 06927

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

TITLE ☐ Delete
 NAME VS
 STREET ADDRESS HENRY, DAVID B
 CITY-ST-ZIP 292 LONG RIDGE ROAD
 STAMFORD CT 06927

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

TITLE ☐ Delete
 NAME AS
 STREET ADDRESS DELUIA, PATRICIA A
 CITY-ST-ZIP 292 LONG RIDGE ROAD
 STAMFORD CT 06927

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

TITLE ☐ Delete
 NAME T
 STREET ADDRESS AMBLE, JOAN C
 CITY-ST-ZIP 292 LONG RIDGE ROAD
 STAMFORD CT 06927

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

TITLE ☒ Delete
 NAME ATT
 STREET ADDRESS SCHULMAN, GARY J
 CITY-ST-ZIP 260 LONG RIDGE RD.
 STAMFORD CT

TITLE ☐ Change ☒ Addition
 NAME Asst Treas-Taxes
 STREET ADDRESS John Amato
 CITY-ST-ZIP 700 Long Ridge Rd
 Stamford CT 06927

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:

SIGNATURE REQUIRED
 JOHN AMATO

Date

Daytime Phone #

203-357-4544

CR2E034 (9/99)