

2000 UNIFORM BUSINESS REPORT (UBR)

FILED

Apr 23, 2000 08:00 AM
Secretary of State

DOCUMENT # K59977

1. Entity Name
TOCHNER CORPORATION

Principal Place of Business 885 FATHOM RD. NORTH PALM BEACH 33408	FL	Mailing Address 885 FATHOM RD NORTH PALM BEACH 33408	FL
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2. Principal Place of Business Suite, Apt. #, etc. City & State Zip	3. Mailing Address Suite, Apt. #, etc. City & State Zip
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4. FEI Number
65-0095458

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent MAX TOCHNER 885 FATHOM RD NORTH PALM BEACH FL 33408 US		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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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 _____ DATE **04/23/2000**
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	ST	<input type="checkbox"/> Delete		TITLE	ST	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	TOCHNER, MAX			NAME	TOCHNER, MAX		
STREET ADDRESS	885 FATHOM RD			STREET ADDRESS	885 FATHOM RD		
CITY-ST-ZIP	NORTH PALM BEACH FL			CITY-ST-ZIP	NORTH PALM BEACH FL 33408		
TITLE	V	<input type="checkbox"/> Delete		TITLE	V	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	TOCHNER, PAUL			NAME	TOCHNER, PAUL		
STREET ADDRESS	885 FATHOM RD			STREET ADDRESS	885 FATHOM RD		
CITY-ST-ZIP	NORTH PALM BEACH FL			CITY-ST-ZIP	NORTH PALM BEACH FL 33408		
TITLE	PVD	<input type="checkbox"/> Delete		TITLE	PVD	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	TOCHNER, MAX			NAME	TOCHNER, MAX		
STREET ADDRESS	885 FATHOM RD			STREET ADDRESS	885 FATHOM RD		
CITY-ST-ZIP	NORTH PALM BEACH FL			CITY-ST-ZIP	NORTH PALM BEACH FL 33408		
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			

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: Max Tochner Date: 04/23/2000