

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M69205

1. Entity Name

SPALDING OFFICE SYSTEMS, INC.

FILED
May 18, 2000 8:00 am
Secretary of State

05-18-2000 90386 007 ***150.00

Principal Place of Business

Mailing Address

204 SPRING HILL RD.
 TRUMBULL CT 06611
 US

204 SPRING HILL CT.
 TRUMBULL CT 06611-1356
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0045200

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

7. Name and Address of New Registered Agent

~~SIEGEL-LESLIE~~
 2113 DEL WEBB
 BOULEVARD EAST
 SUN CITY CENTER FL 33573

Name
ROGER DENICOLA
 Street Address (P.O. Box Number is Not Acceptable)
1011 N CRYSTAL WAY
 City
DEL RAY BEACH FL Zip Code
33444

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

Roger De Nicola

3/17/2000

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 Delete
 NAME **S**
WILLMAN, PETER C.
 STREET ADDRESS **186 CHERRY ST.**
 CITY-ST-ZIP **KATONAH NY**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **P**
WILLER, ANDREA L.
 STREET ADDRESS **186 CHERRY ST.**
 CITY-ST-ZIP **KATONAH NY**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **T**
WILLMAN, COURTLAND L.
 STREET ADDRESS **186 CHERRY ST.**
 CITY-ST-ZIP **KATONAH NY**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 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)(l), 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 of Peter C. Willman

4/29/2000

Date

203-459-0007

Daytime Phone #

CRPF034 (9/99)