

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 25, 2002 8:00 am
Secretary of State

04-25-2002 90002 012 ****50.00

DOCUMENT # M99000000264

1. Entity Name

HEADS & THREADS INTERNATIONAL LLC

Principal Place of Business

**200 KENNEDY DRIVE
 SAYREVILLE NJ 08872**

Mailing Address

**200 KENNEDY DRIVE
 SAYREVILLE NJ 08872**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **36-4275271**

Applied For

Not Applicable

5. Certificate of Status Desired ☐ **\$5.00 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

**FILE NOW!!! FEE IS \$50.00
 Make Check Payable to Department of State
 Due By May 1, 2002**

9. MANAGING MEMBERS / MANAGERS

10. ADDITIONS / CHANGES

TITLE **MGR** ☐ Delete
 NAME **SISMONDO, PETER R**
 STREET ADDRESS **375 PARK AVENUE**
 CITY-ST-ZIP **NEW YORK NY 10152**

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

TITLE **MGR** ☐ Delete
 NAME **WRENN, MICHAEL T**
 STREET ADDRESS **2727 SHERMAN ROAD**
 CITY-ST-ZIP **NORTHBROOK IL 60062**

TITLE ☒ Change ☐ Addition
 NAME
 STREET ADDRESS **785 CENTER AVE.**
 CITY-ST-ZIP **CAROL STREAM, IL 60188**

TITLE **MGR** ☐ Delete
 NAME **HAGGERTY, DONALD**
 STREET ADDRESS **200 KENNEDY DRIVE**
 CITY-ST-ZIP **SAYREVILLE NJ 08872**

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Delete
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 CITY-ST-ZIP

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

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

732-727-5800
1.11.02
ext. 304

CR2E083 (9/01)

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