

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00019

1. Entity Name

RM BRANFORD CORPORATION

**FILED**  
**Jun 05, 2000 8:00 am**  
**Secretary of State**

06-05-2000 90006 045 \*\*\*150.00

Principal Place of Business

Mailing Address

% TAX DEPT. 9TH FLOOR  
1000 HARBOR BLVD  
WEEHAWKEN NJ 07087

% TAX DEPT. 9TH FLOOR  
1000 HARBOR BLVD  
WEEHAWKEN NJ 07087-6727

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

13-3176799

Applied For

Not Applicable

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

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE FL 32301-2525

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 PD ☐ Delete  
NAME PAI, PHANANJAY M  
STREET ADDRESS 1000 HARBOR BLVD.  
CITY-ST-ZIP WEEHAWKEN NJ 07087

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

TITLE VPD ☒ Delete  
NAME ZURKOW, PETER  
STREET ADDRESS 1000 HARBOR BLVD  
CITY-ST-ZIP WEEHAWKEN NJ 07087

TITLE Vice-President & Director ☐ Change ☒ Addition  
NAME Andrew Todd Clapp  
STREET ADDRESS 1000 Harbor Blvd  
CITY-ST-ZIP Weehawken, NJ 07087

TITLE S ☐ Delete  
NAME MCCAUGHLIN, ELLEEN  
STREET ADDRESS 1000 HARBOR BLVD  
CITY-ST-ZIP WEEHAWKEN NJ

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

TITLE AT ☐ Delete  
NAME LEVINE, KEN  
STREET ADDRESS 1000 HARBOR BLVD  
CITY-ST-ZIP WEEHAWKEN NJ

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

TITLE T ☐ Delete  
NAME NOLAN, WILLIAM J  
STREET ADDRESS 1000 HARBOR BLVD  
CITY-ST-ZIP WEEHAWKEN NJ 07087

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

TITLE AS ☐ Delete  
NAME BANYAI, GERALDINE L  
STREET ADDRESS 1000 HARBOR BLVD.  
CITY-ST-ZIP WEEHAWKEN NJ 07087

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

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

*Ken Levine* 4-26-00 (201) 352-4323